

CHAPTER 225C
MENTAL HEALTH AND DISABILITY SERVICES

Referred to in §230A.101, 252.24, 347.16, 423.3, 812.6

County participation in funding for services to persons with disabilities; §249A.26

Table with 4 columns: Section ID, Description, Section ID, and Description. It lists various subchapters (I-IV) and sections (e.g., 225C.1-225C.48) covering topics like general provisions, family support subsidy, and public housing programs.

2. “*Children’s behavioral health services*” means services for children with a serious emotional disturbance.

3. “*Children’s behavioral health system*” or “*children’s system*” means the behavioral health service system for children implemented pursuant to [this subchapter](#).

4. “*Commission*” means the mental health and disability services commission.

5. “*Council*” means the council on health and human services.

6. “*Department*” means the department of health and human services.

7. “*Director*” means the director of health and human services.

8. “*Disability services*” means services and other support available to a person with mental illness, an intellectual disability or other developmental disability, or brain injury.

9. “*Mental health and disability services region*” means a mental health and disability services region formed in accordance with [section 225C.56](#).

10. “*Mental health and disability services regional service system*” means the mental health and disability service system for a mental health and disability services region.

11. “*Regional administrator*” means the same as defined in [section 225C.55](#).

12. “*Serious emotional disturbance*” means a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified within the most current diagnostic and statistical manual of mental disorders published by the American psychiatric association that results in a functional impairment. “*Serious emotional disturbance*” does not include substance use or developmental disorders unless those disorders co-occur with such a diagnosable mental, behavioral, or emotional disorder.

13. “*State board*” means the children’s behavioral health system state board created in [section 225C.51](#).

[S81, §225C.1; 81 Acts, ch 78, §2, 20; 82 Acts, ch 1117, §1, 2]

83 Acts, ch 96, §157, 159; 94 Acts, ch 1170, §11; 96 Acts, ch 1183, §12; 2004 Acts, ch 1090, §4, 33; 2006 Acts, ch 1115, §3, 24; 2010 Acts, ch 1031, §382; 2012 Acts, ch 1019, §61; 2012 Acts, ch 1120, §1, 20, 21; 2015 Acts, ch 69, §32; 2019 Acts, ch 61, §1, 2; 2020 Acts, ch 1063, §82; 2023 Acts, ch 19, §448

Referred to in §225C.55, 230A.102
Section amended

225C.3 Department — state mental health authority.

1. The department is designated the state mental health authority as defined in 42 U.S.C. §201(m) (1976) for the purpose of directing the benefits of the National Mental Health Act, 42 U.S.C. §201 et seq. This designation does not preclude the state board of regents from authorizing or directing any institution under its jurisdiction to carry out educational, prevention, and research activities in the areas of mental health and intellectual disability. The department may contract with the state board of regents or any institution under the board’s jurisdiction to perform any of these functions.

2. The department is designated the state developmental disabilities agency for the purpose of directing the benefits of the federal Developmental Disabilities Assistance and Bill of Rights Act, 42 U.S.C. §15001 et seq.

1, 2. [C66, 71, 73, 75, 77, §225B.1; C79, 81, §225B.2; S81, §225C.2; 81 Acts, ch 78, §3, 20]

3. [C50, 54, 58, 62, 66, §218.75; C71, 73, 75, 77, 79, 81, §217.10; S81, §225C.2; 81 Acts, ch 78, §3, 20]

94 Acts, ch 1170, §12; 2006 Acts, ch 1115, §34; 2012 Acts, ch 1019, §62; 2014 Acts, ch 1092, §170; 2021 Acts, ch 76, §49; 2023 Acts, ch 19, §449

Section amended

225C.4 Department duties.

1. To the extent funding is available, the department shall perform the following duties:

a. Prepare and administer the comprehensive mental health and disability services plan as provided in [section 225C.6B](#), including state mental health and intellectual disability plans for the provision of disability services within the state and the state developmental disabilities plan. The department shall take into account any related planning activities implemented by the state board of regents or a body designated by the board for that purpose, the department of management or a body designated by the director of the department for

that purpose, the department of education, the department of workforce development and any other appropriate governmental body, in order to facilitate coordination of disability services provided in this state. The state mental health and intellectual disability plans shall be consistent with the state health plan, and shall take into account mental health and disability services regional service system management plans.

b. Assist mental health and disability services region governing boards and regional administrators in planning for community-based disability services.

c. Assist the state board in planning for community-based children's behavioral health services.

d. Emphasize the provision of evidence-based outpatient and community support services by community mental health centers and local intellectual disability providers as a preferable alternative to acute inpatient services and services provided in large institutional settings.

e. Encourage and facilitate coordination of mental health and disability services with the objective of developing and maintaining in the state a mental health and disability service delivery system to provide services to all persons in this state who need the services, regardless of the place of residence or economic circumstances of those persons. The department shall work with the commission and other state agencies, including but not limited to the departments of corrections and education, and the state board of regents, to develop and implement a strategic plan to expand access to qualified mental health workers across the state.

f. Encourage and facilitate applied research and preventive educational activities related to causes and appropriate treatment for disabilities. The department may designate, or enter into agreements with, private or public agencies to carry out this function.

g. Coordinate community-based services with those of the state mental health institutes and state resource centers.

h. Administer state programs regarding the care, treatment, and supervision of persons with mental illness or an intellectual disability, except the programs administered by the state board of regents.

i. Administer and distribute state appropriations in connection with the mental health and disability services regional service fund established by [section 225C.7A](#).

j. Act as compact administrator with power to effectuate the purposes of interstate compacts on mental health.

k. Establish and maintain a data collection and management information system oriented to the needs of patients, providers, the department, and other programs or facilities in accordance with [section 225C.6A](#). The system shall be used to identify, collect, and analyze service outcome and performance measures data in order to assess the effects of the services on the persons utilizing the services. The department shall annually submit to the commission information collected by the department indicating the changes and trends in the mental health and disability services system. The department shall make the outcome data available to the public.

l. Encourage and facilitate coordination of children's behavioral health services with the objective of developing and maintaining in the state a children's behavioral health system to provide behavioral health services to all children in this state who need the services, regardless of the place of residence or economic circumstances of those children. The department shall work with the state board and other state agencies including but not limited to the department of education to develop and implement a strategic plan to expand access to qualified mental health workers across the state.

m. Establish and maintain a data collection and management information system oriented to the needs of children utilizing the children's behavioral health system, providers, the department, and other programs or facilities in accordance with [section 225C.6A](#). The system shall be used to identify, collect, and analyze service outcome and performance measures data in order to assess the effects of the services on the children utilizing the services. The department shall annually submit to the state board information collected by the department indicating the changes and trends in the children's behavioral health system. The department shall make the outcome data available to the public.

n. Prepare a budget and reports of the department's activities.

o. Establish suitable agreements with other state agencies to encourage appropriate care and to facilitate the coordination of disability services.

p. Provide consultation and technical assistance to patients' advocates appointed pursuant to [section 229.19](#), in cooperation with the judicial branch and the certified volunteer long-term care ombudsmen certified pursuant to [section 231.45](#).

q. Provide technical assistance to agencies and organizations, to aid them in meeting standards which are established, or with which compliance is required, under statutes administered by the department, including but not limited to [chapters 227](#) and [230A](#).

r. Recommend to the commission minimum accreditation standards for the maintenance and operation of community mental health centers, services, and programs under [section 230A.110](#). The department's review and evaluation of the centers, services, and programs for compliance with the adopted standards shall be as provided in [section 230A.111](#).

s. Recommend to the commission minimum standards for supported community living services. The department shall review and evaluate the services for compliance with the adopted standards.

t. In cooperation with the department of inspections, appeals, and licensing, recommend minimum standards under [section 227.4](#) for the care of and services to persons with mental illness or an intellectual disability residing in county care facilities. The department shall also cooperate with the department of inspections, appeals, and licensing in recommending minimum standards for care of and services provided to persons with mental illness or an intellectual disability living in a residential care facility regulated under [chapter 135C](#).

u. Recommend minimum standards for the maintenance and operation of public or private facilities offering disability services, which are not subject to licensure by the department or the department of inspections, appeals, and licensing.

v. Provide technical assistance concerning disability services and funding to mental health and disability services region governing boards and regional administrators.

w. Coordinate with the mental health planning and advisory council created pursuant to 42 U.S.C. §300x-3 to ensure the council membership includes representation by a military veteran who is knowledgeable concerning the behavioral and mental health issues of veterans.

x. Enter into performance-based contracts with regional administrators as described in [section 225C.57](#). A performance-based contract shall require a regional administrator to fulfill the statutory and regulatory requirements of the regional service system under [this chapter](#). A failure to fulfill the requirements may be addressed by remedies specified in the contract, including but not limited to suspension of contract payments or cancellation of the contract. The contract provisions may include but are not limited to requirements for the regional service system to attain outcomes within a specified range of acceptable performance in any of the following categories:

- (1) Access standards for the required core services.
- (2) Penetration rates for serving the number of persons expected to be served.
- (3) Utilization rates for inpatient and residential treatment.
- (4) Readmission rates for inpatient and residential treatment.
- (5) Employment of the persons receiving services.
- (6) Administrative costs.
- (7) Data reporting.
- (8) Timely and accurate claims processing.
- (9) School attendance.

y. Provide information through the internet concerning waiting lists for services implemented by mental health and disability services regions.

2. The department may:

a. Apply for, receive, and administer federal aids, grants, and gifts for purposes relating to disability services or programs.

b. Establish and supervise suitable standards of care, treatment, and supervision for persons with disabilities in all institutions under the control of the director.

c. Appoint professional consultants to furnish advice on any matters pertaining to

disability services. The consultants shall be paid as provided by an appropriation of the general assembly.

d. Administer a public housing unit program to apply for, receive, and administer federal assistance, grants, and other public or private funds for purposes related to providing housing in accordance with [section 225C.45](#).

[C50, 54, 58, 62, 66, §218.76; C71, 73, 75, 77, 79, 81, §217.11, 217.12; S81, §225C.3; [81 Acts, ch 78, §4, 20](#)]

[83 Acts, ch 96, §157, 159; 85 Acts, ch 122, §1; 90 Acts, ch 1204, §45; 92 Acts, ch 1128, §1; 94 Acts, ch 1170, §13; 95 Acts, ch 82, §2, 13; 95 Acts, ch 206, §7, 12; 96 Acts, ch 1186, §23; 98 Acts, ch 1047, §20; 99 Acts, ch 129, §9; 99 Acts, ch 160, §2, 3; 2000 Acts, ch 1112, §33, 51; 2006 Acts, ch 1115, §4, 5; 2010 Acts, ch 1031, §374; 2010 Acts, ch 1106, §1; 2012 Acts, ch 1019, §63; 2012 Acts, ch 1120, §2, 3, 20, 21; 2013 Acts, ch 18, §15; 2013 Acts, ch 90, §48; 2013 Acts, ch 140, §187, 189; 2019 Acts, ch 61, §3 – 6; 2021 Acts, ch 177, §82, 108; 2023 Acts, ch 19, §450, 1922](#)

Referred to in [§225C.6B, 225C.57](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section amended

225C.5 Mental health and disability services commission.

1. A mental health and disability services commission is created as the state policy-making body for the provision of services to persons with mental illness, an intellectual disability, other developmental disabilities, or brain injury. The commission's voting members shall be appointed to three-year staggered terms by the governor and are subject to confirmation by the senate. Commission members shall be appointed on the basis of interest and experience in the fields of mental health, intellectual disability, other developmental disabilities, and brain injury, in a manner so as to ensure adequate representation from persons with disabilities and individuals knowledgeable concerning disability services. The department shall provide staff support to the commission, and the commission may utilize staff support and other assistance provided to the commission by other persons. The commission shall meet at least four times per year. The membership of the commission shall consist of the following persons who, at the time of appointment to the commission, are active members of the indicated groups:

a. Three members shall be members of a county board of supervisors selected from nominees submitted by the county supervisor affiliate of the Iowa state association of counties.

b. Two members shall be selected from nominees submitted by the director.

c. One member shall be an active board member of a community mental health center selected from nominees submitted by the Iowa association of community providers.

d. One member shall be an active board member of an agency serving persons with a developmental disability selected from nominees submitted by the Iowa association of community providers.

e. One member shall be a board member or employee of a provider of mental health or developmental disabilities services to children.

f. Two members shall be staff members of regional administrators selected from nominees submitted by the community services affiliate of the Iowa state association of counties.

g. One member shall be selected from nominees submitted by the state's council of the association of federal, state, county, and municipal employees.

h. Three members shall be service consumers or family members of service consumers. Of these members, one shall be a service consumer, one shall be a parent of a child service consumer, and one shall be a parent or other family member of a person admitted to and living at a state resource center.

i. Two members shall be selected from nominees submitted by service advocates. Of these members, one shall be an active member of a statewide organization for persons with brain injury.

j. One member shall be an active board member of an agency serving persons with a substance use disorder selected from nominees submitted by the Iowa behavioral health association.

k. One member shall be a military veteran who is knowledgeable concerning the behavioral and mental health issues of veterans.

l. In addition to the voting members, the membership shall include four members of the general assembly with one member designated by each of the following: the majority leader of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives. A legislative member serves for a term as provided in [section 69.16B](#) in an ex officio, nonvoting capacity and is eligible for per diem and expenses as provided in [section 2.10](#).

2. The three-year terms shall begin and end as provided in [section 69.19](#). Vacancies on the commission shall be filled as provided in [section 2.32](#). A member shall not be appointed for more than two consecutive three-year terms.

3. Members of the commission shall qualify by taking the oath of office prescribed by law for state officers. At its first meeting of each year, the commission shall organize by electing a chairperson and a vice chairperson for terms of one year. Commission members are entitled to a per diem as specified in [section 7E.6](#) and reimbursement for actual and necessary expenses incurred while engaged in their official duties, to be paid from funds appropriated to the department.

[C66, 71, 73, 75, 77, §225B.2, 225B.3, 225B.6; C79, 81, §225B.3; S81, §225C.4; [81 Acts, ch 78, §5, 20](#)]

[90 Acts, ch 1256, §39](#); [94 Acts, ch 1170, §14](#); [2002 Acts, ch 1146, §1](#); [2002 Acts, 2nd Ex, ch 1003, §238, 262](#); [2003 Acts, ch 101, §3, 4](#); [2004 Acts, ch 1090, §5, 33](#); [2008 Acts, ch 1156, §30, 58](#); [2008 Acts, ch 1187, §51](#); [2009 Acts, ch 106, §7, 14](#); [2010 Acts, ch 1031, §383](#); [2010 Acts, ch 1106, §2](#); [2011 Acts, ch 34, §53](#); [2012 Acts, ch 1019, §64](#); [2015 Acts, ch 69, §33](#); [2023 Acts, ch 19, §451](#)

Referred to in [§135C.23](#), [225C.55](#), [227.4](#), [229.19](#)

Confirmation, see [§2.32](#)

Subsection 1, paragraph j amended

225C.6 Duties of commission.

1. To the extent funding is available, the commission shall perform the following duties:

a. Advise the department on the administration of the overall state disability services system.

b. Pursuant to recommendations made for this purpose by the director, adopt necessary rules pursuant to [chapter 17A](#) which relate to disability programs and services, including but not limited to definitions of each disability included within the term “*disability services*” as necessary for purposes of state, county, and regional planning, programs, and services.

c. Adopt standards for community mental health centers, services, and programs as recommended under [section 230A.110](#). The department shall determine whether to grant, deny, or revoke the accreditation of the centers, services, and programs.

d. Adopt standards for the provision under the medical assistance program of individual case management services.

e. Unless another governmental body sets standards for a service available to persons with disabilities, adopt state standards for that service. The commission shall review the licensing standards used by the department or the department of inspections, appeals, and licensing for those facilities providing disability services.

f. Assure that proper reconsideration and appeal procedures are available to persons aggrieved by decisions, actions, or circumstances relating to accreditation.

g. Adopt necessary rules for awarding grants from the state and federal government as well as other moneys that become available to the department for grant purposes.

h. Annually submit to the governor and the general assembly:

(1) A report concerning the activities of the commission.

(2) Recommendations formulated by the commission for changes in law.

i. By January 1 of each odd-numbered year, submit to the governor and the general assembly an evaluation of:

(1) The extent to which services to persons with disabilities are actually available to persons in each county and mental health and disability services region in the state and the quality of those services.

(2) The effectiveness of the services being provided by disability service providers in this state and by each of the state mental health institutes established under [chapter 226](#) and by each of the state resource centers established under [chapter 222](#).

j. Advise the director, the council, the governor, and the general assembly on budgets and appropriations concerning disability services.

k. Coordinate activities with the Iowa developmental disabilities council and the mental health planning council, created pursuant to federal law. The commission shall work with other state agencies on coordinating, collaborating, and communicating concerning activities involving persons with disabilities.

l. Pursuant to a recommendation made by the department, identify basic financial eligibility standards for the disability services provided by a mental health and disability services region. The initial standards shall be as specified in this chapter.

m. Identify disability services outcomes and indicators to support the ability of eligible persons with a disability to live, learn, work, and recreate in communities of the persons' choice. The identification duty includes but is not limited to responsibility for identifying, collecting, and analyzing data as necessary to issue reports on outcomes and indicators at the county, region, and state levels.

2. Notwithstanding [section 217.3](#), the commission may adopt the rules authorized by [subsection 1](#), pursuant to [chapter 17A](#), without prior review and approval of those rules by the council.

3. If the executive branch creates a committee, task force, council, or other advisory body to consider disability services policy or program options involving children or adult consumers, the commission is designated to receive and consider any report, findings, recommendations, or other work product issued by such body. The commission may address the report, findings, recommendations, or other work product in fulfilling the commission's functions and to advise the department, council, governor, and general assembly concerning disability services.

4. a. The department shall coordinate with the department of inspections, appeals, and licensing in the establishment of facility-based and community-based, subacute mental health services.

b. A person shall not provide community-based, subacute mental health services unless the person has been accredited to provide the services. The commission shall adopt standards for subacute mental health services and for accreditation of providers of community-based, subacute mental health services.

c. As used in [this subsection](#), “*subacute mental health services*” means all of the following:

(1) A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services. For the purposes of this subparagraph, “*mental health professional*” means the same as defined in [section 228.1](#) and “*licensed health care professional*” means a person licensed under [chapter 148](#) to practice medicine and surgery or osteopathic medicine and surgery, an advanced registered nurse practitioner licensed under [chapter 152](#) or [152E](#), or a physician assistant licensed under [chapter 148C](#).

(2) Intensive, recovery-oriented treatment and monitoring of the person with direct or remote access to a psychiatrist or advanced registered nurse practitioner.

(3) An outcome-focused, interdisciplinary approach designed to return the person to living successfully in the community.

(4) Services that may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services.

(5) Services that are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose.

d. Subacute mental health services and the standards for the services shall be established in a manner that allows for accessing federal Medicaid funding.

[C66, 71, 73, 75, 77, §225B.4, 225B.7; C79, 81, §225B.3(2); S81, §225C.5; 81 Acts, ch 78, §6, 20]

83 Acts, ch 96, §157, 159; 88 Acts, ch 1245, §1; 94 Acts, ch 1170, §15; 98 Acts, ch 1181, §15; 99 Acts, ch 160, §4, 5; 2000 Acts, ch 1112, §51; 2001 Acts, ch 74, §14; 2001 Acts, ch 155, §28; 2002 Acts, ch 1146, §2, 3, 25; 2006 Acts, ch 1115, §6, 13; 2007 Acts, ch 218, §118; 2010 Acts, ch 1031, §375; 2011 Acts, ch 34, §54; 2012 Acts, ch 1023, §29; 2012 Acts, ch 1120, §4, 5, 20, 21, 56; 2013 Acts, ch 90, §49; 2015 Acts, ch 56, §15; 2015 Acts, ch 69, §34, 35; 2023 Acts, ch 19, §452, 1923, 1924; 2023 Acts, ch 73, §19

Referred to in §135G.1, 225C.6B, 225C.28A, 225C.65

See Code editor's note on simple harmonization at the beginning of this Code volume

Section amended

225C.6A Disability services system central data repository.

1. The department shall do the following relating to data concerning the disability services system in the state:

a. Plan, collect, and analyze data as necessary to issue cost estimates for serving additional populations and providing core disability services statewide. The department shall maintain compliance with applicable federal and state privacy laws to ensure the confidentiality and integrity of individually identifiable disability services data. The department may periodically assess the status of the compliance in order to assure that data security is protected.

b. Implement a central data repository under [this section](#) for collecting and analyzing state, county and region, and private contractor data. The department shall establish a client identifier for the individuals receiving services.

c. Consult on an ongoing basis with regional administrators, service providers, and other stakeholders in implementing the central data repository and operations of the repository. The consultation shall focus on minimizing the state and local costs associated with operating the repository.

d. Engage with other state and local government and nongovernmental entities operating the Iowa health information network under [chapter 135](#) and other data systems that maintain information relating to individuals with information in the central data repository in order to integrate data concerning individuals.

2. A county or region shall not be required to utilize a uniform data operational or transactional system. However, the system utilized shall have the capacity to exchange information with the department, counties and regions, contractors, and others involved with services to persons with a disability who have authorized access to the central data repository. The information exchanged shall be labeled consistently and share the same definitions. Each regional administrator shall regularly report to the department the following information for each individual served: demographic information, expenditure data, and data concerning the services and other support provided to each individual, as specified by the department.

3. The outcome and performance measures applied to the regional service system shall utilize measurement domains. The department may identify other measurement domains in consultation with system stakeholders to be utilized in addition to the following initial set of measurement domains:

- a. Access to services.
- b. Life in the community.
- c. Person-centeredness.
- d. Health and wellness.
- e. Quality of life and safety.
- f. Family and natural supports.

4. a. The processes used for collecting outcome and performance measures data shall include but are not limited to direct surveys of the individuals and families receiving services and the providers of the services. The department shall involve a workgroup of persons who are knowledgeable about both the regional service system and survey techniques to

implement and maintain the processes. The workgroup shall conduct an ongoing evaluation for the purpose of eliminating the collection of information that is not utilized. The surveys shall be conducted with a conflict-free approach in which someone other than a provider of services surveys an individual receiving the services.

b. The outcome and performance measures data shall encompass and provide a means to evaluate both the regional services and the services funded by the medical assistance program provided to the same service populations.

c. The department shall develop and implement an internet-based approach with graphical display of information to provide outcome and performance measures data to the public and those engaged with the regional service system.

d. The department shall include any significant costs for collecting and interpreting outcome and performance measures and other data in the department's operating budget.

2004 Acts, ch 1090, §34; 2006 Acts, ch 1159, §1, 3; 2007 Acts, ch 218, §87, 92; 2010 Acts, ch 1031, §376; 2013 Acts, ch 19, §1; 2013 Acts, ch 140, §188

Referred to in §225C.4

225C.6B Mental health and disability services system — legislative intent — comprehensive plan — state and regional service systems.

1. Intent.

a. The general assembly intends for the state to implement a comprehensive, continuous, and integrated state mental health and disability services plan in accordance with the requirements of [sections 225C.4](#) and [225C.6](#) and other provisions of [this chapter](#), by increasing the department's responsibilities in the development, funding, oversight, and ongoing leadership of mental health and disability services in this state.

b. In order to further the purposes listed in [section 225C.1](#) and in other provisions of [this chapter](#), the general assembly intends that efforts focus on the goal of making available a comprehensive array of high-quality, evidence-based consumer and family-centered mental health and disability services and other support in the least restrictive, community-based setting appropriate for a consumer.

c. In addition, it is the intent of the general assembly to promote policies and practices that achieve for consumers the earliest possible detection of mental health problems and the need for disability services and for early intervention; to stress that all health care programs address mental health disorders with the same urgency as physical health disorders; to promote the policies of all public programs that serve adults and children with mental disorders or with a need for disability services, including but not limited to child welfare, Medicaid, education, housing, criminal and juvenile justice, substance use disorder treatment, and employment services; to consider the special mental health and disability services needs of adults and children; and to promote recovery and resiliency as expected outcomes for all consumers.

2. *Comprehensive plan.* The department shall develop a comprehensive written five-year state mental health and disability services plan with annual updates and readopt the plan every five years. The plan shall describe the key components of the state's mental health and disability services system, including the services that are community-based, state institution-based, or regional or state-based. The five-year plan and each update shall be submitted annually to the commission on or before October 30 for review and approval.

3. *State and regional disability service systems.* The publicly financed disability services for persons with mental illness, intellectual disability or other developmental disability, or brain injury in this state shall be provided by the department and the counties operating together as regions. The financial and administrative responsibility for such services is as follows:

a. Disability services for children and adults that are covered under the medical assistance program pursuant to [chapter 249A](#) are the responsibility of the state.

b. Adult mental health and intellectual disability services that are not covered under the medical assistance program are the responsibility of the county-based regional service system.

c. Children's behavioral health services provided to eligible children that are not covered

under the medical assistance program or other third-party payor are the responsibility of the county-based regional service system.

2007 Acts, ch 218, §93; 2010 Acts, ch 1031, §377, 378; 2012 Acts, ch 1120, §8, 20, 21; 2019 Acts, ch 61, §7; 2023 Acts, ch 19, §453

Referred to in §225C.4
Section amended

225C.6C Regional service system — regulatory requirements.

1. The department and the department of inspections, appeals, and licensing shall comply with the requirements of [this section](#) in their efforts to improve the regulatory requirements applied to the mental health and disability services regional service system administration and service providers.

2. The departments shall work together to establish a process to streamline accreditation, certification, and licensing standards applied to the regional service system administration and service providers.

3. The departments shall jointly review the standards and inspection process applicable to residential care facilities.

4. The departments shall do all of the following in developing regulatory requirements applicable to the regional service system administration and service providers:

a. Consider the costs to regional administrators and providers in the development of quality monitoring efforts.

b. Implement the use of uniform, streamlined, and statewide cost reporting standards and tools by the regional service system and the department.

c. Make quality monitoring information, including services, quality, and location information, easily available and understandable to all citizens.

d. Establish standards that are clearly understood and are accompanied by interpretive guidelines to support understanding by those responsible for applying the standards.

e. Develop a partnership with providers in order to improve the quality of services and develop mechanisms for the provision of technical assistance.

f. Develop consistent data collection efforts based on statewide standards and make information available to all providers. The efforts under this paragraph shall be made with representatives of the Iowa state association of counties.

g. Evaluate existing provider qualification and monitoring efforts to identify duplication and gaps, and align the efforts with valued outcomes.

h. Streamline and enhance existing standards.

i. Consider allowing providers to seek accreditation from a national accrediting body in lieu of state accreditation or certification.

2012 Acts, ch 1120, §28; 2023 Acts, ch 19, §454
Section amended

225C.7 Mental health and developmental disabilities community services fund. Repealed by 2014 Acts, ch 1092, §152.

225C.7A Mental health and disability services regional service fund — region incentive fund.

1. A mental health and disability services regional service fund is created in the office of the treasurer of state under the authority of the department. The fund shall be separate from the general fund of the state and the balance in the fund shall not be considered part of the balance of the general fund of the state. Moneys in the fund include appropriations made to the fund and other moneys deposited into the fund. Moneys in the fund shall be used solely for purposes of making regional service payments and incentive payments under [this section](#).

2. a. For each fiscal year beginning on or after July 1, 2021, there is appropriated from the general fund of the state to the mental health and disability services regional service fund an amount necessary to make all regional service payments under [this section](#) for that fiscal year.

b. The department shall distribute the moneys appropriated from the mental health and disability services regional service fund to mental health and disability services regions for

funding of services in accordance with performance-based contracts with the regions and in the manner provided in [this section](#).

c. The performance-based contracts between the department and each mental health and disability services region shall be in effect beginning January 1, 2022, and shall include all of the following:

(1) Authority for the department to approve, deny, or revise each mental health and disability services region's annual service and budget plan under [section 225C.60](#).

(2) A requirement for the mental health and disability services region to provide access to all core services under [section 225C.65](#).

(3) A requirement that the mental health and disability services region utilize all federal government funding, including Medicaid funding, third-party payment sources, and other nongovernmental funding prior to using regional service payments received under [this section](#).

(4) An annual review of the mental health and disability services region's administrative costs conducted by the department.

(5) Authority for the department to establish outcome improvement goals for populations served by the region including but not limited to decreases in emergency department visits, improved use of mobile crisis response and jail diversion programs, and improved employment-based outcomes.

(6) Provisions authorizing the department, in response to a mental health and disability services region's violation of the contract, to implement the actions described under [section 225C.56, subsection 5](#), paragraph "a".

3. For each fiscal year beginning on or after July 1, 2021, the moneys available in a fiscal year in the mental health and disability services regional service fund, except for moneys in the region incentive fund under [subsection 8](#), are appropriated to the department and shall be distributed to each region on a per capita basis calculated under [subsection 4](#) using each region's population, as defined in [section 225C.55](#), for that fiscal year.

4. The amount of each region's regional service payment shall be determined as follows:

a. For the fiscal year beginning July 1, 2021, an amount equal to the product of fifteen dollars and eighty-six cents multiplied by the sum of the region's population for the fiscal year.

b. For the fiscal year beginning July 1, 2022, an amount equal to the product of thirty-eight dollars multiplied by the sum of the region's population for the fiscal year.

c. For the fiscal year beginning July 1, 2023, an amount equal to the product of forty dollars multiplied by the sum of the region's population for the fiscal year.

d. For the fiscal year beginning July 1, 2024, an amount equal to the product of forty-two dollars multiplied by the sum of the region's population for the fiscal year.

e. (1) For the fiscal year beginning July 1, 2025, and each succeeding fiscal year, an amount equal to the product of the sum of the region's population for the fiscal year multiplied by the sum of the dollar amount used to calculate the regional service payments under [this subsection](#) for the immediately preceding fiscal year plus the regional service growth factor for the fiscal year.

(2) For purposes of this paragraph, "regional service growth factor" for a fiscal year is an amount equal to the product of the dollar amount used to calculate the regional service payments under [this subsection](#) for the immediately preceding fiscal year multiplied by the percent increase, if any, in the amount of sales tax revenue deposited into the general fund of the state under [section 423.2A, subsection 1](#), paragraph "a", less the transfers required under [section 423.2A, subsection 2](#), between the fiscal year beginning three years prior to the applicable fiscal year and the fiscal year beginning two years prior to the applicable year, but not to exceed one and one-half percent.

5. Regional service payments received by a region shall be deposited in the region's combined account under [section 225C.58](#) and used solely for providing mental health and disability services under the regional service system management plan.

6. Regional service payments from the mental health and disability services regional service fund shall be paid in quarterly installments to the appropriate regional administrator in July, October, January, and April of each fiscal year.

7. a. For the fiscal year beginning July 1, 2021, each mental health and disability services

region for which the amount certified during the fiscal year under [section 331.391, subsection 4](#), paragraph “b”, Code 2023, exceeds forty percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, the remaining quarterly payments of the region’s regional service payment shall be reduced by an amount equal to the amount by which the region’s amount certified under [section 331.391, subsection 4](#), paragraph “b”, Code 2023, exceeds forty percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, but the amount of the reduction shall not exceed the total amount of the region’s regional service payment for the fiscal year. If the region’s remaining quarterly payments are insufficient to effectuate the required reductions under this paragraph, the region is required to pay to the department any amount for which the reduction in quarterly payments could not be made. The amount of reductions to quarterly payments and amounts paid to the department under this paragraph shall be transferred and credited to the region incentive fund under [subsection 8](#).

b. For the fiscal year beginning July 1, 2022, each mental health and disability services region for which the amount certified during the fiscal year under [section 331.391, subsection 4](#), paragraph “b”, Code 2023, exceeds twenty percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, the remaining quarterly payments of the region’s regional service payment shall be reduced by an amount equal to the amount by which the region’s amount certified under [section 331.391, subsection 4](#), paragraph “b”, Code 2023, exceeds twenty percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, but the amount of the reduction shall not exceed the total amount of the region’s regional service payment for the fiscal year. If the region’s remaining quarterly payments are insufficient to effectuate the required reductions under this paragraph, the region is required to pay to the department any amount for which the reduction in quarterly payments could not be made. The amount of reductions to quarterly payments and amounts paid to the department under this paragraph shall be transferred and credited to the region incentive fund under [subsection 8](#).

c. For the fiscal year beginning July 1, 2023, and each succeeding fiscal year, each mental health and disability services region for which the amount certified during the fiscal year under [section 225C.58, subsection 4](#), paragraph “b”, exceeds five percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, the remaining quarterly payments of the region’s regional service payment shall be reduced by an amount equal to the amount by which the region’s amount certified under [section 225C.58, subsection 4](#), paragraph “b”, exceeds five percent of the actual expenditures of the region for the fiscal year preceding the fiscal year in progress, but the amount of the reduction shall not exceed the total amount of the region’s regional service payment for the fiscal year. If the region’s remaining quarterly payments are insufficient to effectuate the required reductions under this paragraph, the region is required to pay to the department any amount for which the reduction in quarterly payments could not be made. The amount of reductions to quarterly payments and amounts paid to the department under this paragraph shall be transferred and credited to the region incentive fund under [subsection 8](#).

8. a. A region incentive fund is created in the mental health and disability services regional service fund under [subsection 1](#). The incentive fund shall consist of the moneys appropriated or credited to the incentive fund by law, including amounts credited to the incentive fund under [subsection 7](#). Notwithstanding [section 8.33](#), moneys in the incentive fund at the end of each fiscal year shall not revert to any other fund but shall remain in the incentive fund for use in subsequent fiscal years. For fiscal years beginning on or after July 1, 2021, there is appropriated from the general fund of the state to the incentive fund the following amounts to be used for the purposes of [this subsection](#):

(1) For the fiscal year beginning July 1, 2021, three million dollars.

(2) (a) For each fiscal year beginning on or after July 1, 2025, an amount equal to the incentive fund growth factor multiplied by the ending balance of the incentive fund at the conclusion of the fiscal year ending June 30 immediately preceding the application deadline under paragraph “b” for the fiscal year for which the appropriation is made.

(b) For purposes of this subparagraph, the “incentive fund growth factor” for each fiscal year is the percent increase, if any, in the amount of sales tax revenue deposited into

the general fund of the state under [section 423.2A, subsection 1](#), paragraph “a”, less the transfers required under [section 423.2A, subsection 2](#), between the fiscal year beginning three years prior to the applicable fiscal year and the fiscal year beginning two years prior to the applicable year, minus one and one-half percent, and the incentive fund growth factor for any fiscal year shall not exceed three and one-half percent.

b. To receive funding from the incentive fund, a regional administrator must submit to the department sufficient data to demonstrate that the region has met the standards outlined in the region’s performance-based contract. The purpose of the incentive fund shall be to provide appropriate financial incentives for outcomes met from services provided by the regional administrator’s mental health and disability services region. The department shall make its final decisions on or before December 15 regarding acceptance or rejection of the submissions for incentive funds applications for assistance and the total amount accepted shall be considered obligated.

c. In addition to incentive submission requirements under paragraphs “d”, “e”, and “g”, basic eligibility for incentive funds requires that a mental health and disability services region meet all of the following conditions:

(1) The mental health and disability services region is in compliance with the regional service system management plan requirements of [section 225C.60](#).

(2) (a) In the fiscal year that commenced two years prior to the fiscal year of application for incentive funds, the ending balance, under generally accepted accounting principles, of the mental health and disability services region’s combined services funds was equal to or less than the ending balance threshold under subparagraph division (b) for the fiscal year for which assistance is requested.

(b) For purposes of this subparagraph (2), “ending balance threshold” means the following:

(i) For applications for the fiscal year beginning July 1, 2021, forty percent of the actual expenditures of the mental health and disability services region for the fiscal year that commenced two years prior to the fiscal year of application for assistance.

(ii) For applications for the fiscal year beginning July 1, 2022, twenty percent of the actual expenditures of the mental health and disability services region for the fiscal year that commenced two years prior to the fiscal year of application for assistance.

(iii) For applications for fiscal years beginning on or after July 1, 2023, five percent of the actual expenditures of the mental health and disability services region for the fiscal year that commenced two years prior to the fiscal year of application for assistance.

d. The department shall review the fiscal year-end financial records for all mental health and disability services regions that are granted incentive funds. If the department determines a mental health and disability services region’s actual need for incentive funds was less than the amount of incentive funds granted to the mental health and disability services region, the mental health and disability services region shall refund the difference between the amount of assistance granted and the actual need. The mental health and disability services region shall submit the refund within thirty days of receiving notice from the department. Refunds shall be credited to the incentive fund.

e. The department shall determine application requirements to ensure prudent use of the incentive fund. The department may accept or reject an application for incentive funds in whole or in part. The decision of the department is final.

f. The total amount of incentive funds approved shall be limited to the amount available in the incentive fund for a fiscal year. Any unobligated balance in the incentive fund at the close of a fiscal year shall remain in the incentive fund for distribution in the succeeding fiscal year.

g. Incentive funds shall only be made available to address one or more of the following circumstances:

(1) To reimburse regions for reductions in available funding for core services as the result of the reduction and elimination of the levy under [section 331.424A, Code 2021](#), if the region has an operating deficit. The department shall prioritize approval of incentive funds for the circumstances specified in this subparagraph.

(2) To incentivize quality core services that meet or exceed the defined outcomes in the performance-based contract.

(3) To support regional efforts to fund non-core services that support the defined outcomes of core services in the performance-based contract.

(4) To support non-core services to maintain an individual in a community setting or that would create a risk that the individuals needing services and supports would be placed in more restrictive, higher-cost settings.

h. Subject to the amount available and obligated from the incentive fund for a fiscal year, the department shall annually calculate the amount of moneys due to eligible mental health and disability services regions in accordance with the department's decisions and that amount is appropriated from the incentive fund to the department for payment of the moneys due. The department shall distribute incentive funds payable to the mental health and disability services regions for the amounts due on or before January 1.

i. On or before March 1 and September 1 of each fiscal year, the department shall provide the governor's office and the general assembly with a report of the financial condition of the incentive fund. The report shall include but is not limited to an itemization of the funding source's balances, types and amount of revenues credited, and payees and payment amounts for the expenditures made from the funding source during the reporting period.

j. If the department has made its decisions but has determined that there are otherwise qualifying requests for incentive funds that are beyond the amount available in the incentive fund for a fiscal year, the department shall compile a list of such requests and the supporting information for the requests. The list and information shall be submitted to the commission, the children's behavioral health system state board, and the general assembly.

9. The commission shall consult with regional administrators and the director in prescribing forms and adopting rules to administer [this section](#).

[2012 Acts, ch 1120, §9, 20, 21](#); [2021 Acts, ch 177, §83, 108](#); [2023 Acts, ch 19, §455, 1358](#)

Referred to in [§225C.4](#), [225C.56](#), [225C.58](#), [225C.69](#)

Subsection 7 amended

225C.8 Legal settlement dispute resolution. Repealed by 2012 Acts, ch 1120, §129, 130. See [§225C.61](#).

225C.9 through 225C.11 Repealed by 94 Acts, ch 1170, §54.

225C.12 Partial reimbursement to counties for local inpatient mental health care and treatment. Repealed by 2014 Acts, ch 1092, §152.

225C.13 Authority to establish and lease facilities.

1. The department may enter into agreements under which a facility or portion of a facility administered by the department under [section 218.1](#) is leased to a department or a division of state government, a county or group of counties, a mental health and disability services region, or a private nonprofit corporation organized under [chapter 504](#). A lease executed under [this section](#) shall require that the lessee use the leased premises to deliver either disability services or other services normally delivered by the lessee.

2. The director may work with the department's institutions to establish mental health and intellectual disability services for all institutions under the control of the director and to establish an autism unit, following mutual planning and consultation with the medical director of the state psychiatric hospital, at an institution or a facility administered by the department to provide psychiatric and related services and other specific programs to meet the needs of persons with autism, and to furnish appropriate diagnostic evaluation services.

[S81, [§225C.12](#); [81 Acts, ch 78, §14, 20](#)]

[94 Acts, ch 1170, §17](#); [2000 Acts, ch 1112, §34](#); [2004 Acts, ch 1049, §191](#); [2004 Acts, ch 1175, §393](#); [2006 Acts, ch 1115, §25](#); [2012 Acts, ch 1019, §67](#); [2015 Acts, ch 69, §36](#); [2023 Acts, ch 19, §456](#)

Section amended

225C.14 Preliminary diagnostic evaluation.

1. Except in cases of medical emergency, a person shall be admitted to a state mental health institute as an inpatient only after a preliminary diagnostic evaluation performed

through the regional administrator for the person's county of residence has confirmed that the admission is appropriate to the person's mental health needs, and that no suitable alternative method of providing the needed services in a less restrictive setting or in or nearer to the person's home community is currently available. If provided for through the regional administrator, the evaluation may be performed by a community mental health center or by an alternative diagnostic facility. The policy established by [this section](#) shall be implemented in the manner and to the extent prescribed by [sections 225C.15, 225C.16, and 225C.17](#).

2. As used in [this section](#) and [sections 225C.15, 225C.16, and 225C.17](#), the term “*medical emergency*” means a situation in which a prospective patient is received at a state mental health institute in a condition which, in the opinion of the chief medical officer, or that officer's physician or physician assistant designee, provided that a physician assistant designee meets the qualifications set forth in the definition of a mental health professional in [section 228.1](#), requires the immediate admission of the person notwithstanding the policy stated in [subsection 1](#).

[C79, 81, §225B.4; S81, §225C.13; 81 Acts, ch 78, §15, 20]

94 Acts, ch 1170, §18; 96 Acts, ch 1183, §14; 2004 Acts, ch 1090, §33; 2015 Acts, ch 69, §37; 2016 Acts, ch 1073, §72; 2022 Acts, ch 1066, §28

Referred to in [§225C.15, 225C.16, 331.382](#)

225C.15 County implementation of evaluations.

The regional administrator for a county shall require that the policy stated in [section 225C.14](#) be followed with respect to admission of persons from that county to a state mental health institute. A community mental health center which is supported, directly or in affiliation with other counties, by that county may perform the preliminary diagnostic evaluations for that county, unless the performance of the evaluations is not covered by the agreement entered into by the regional administrator and the center, and the center's director certifies to the regional administrator that the center does not have the capacity to perform the evaluations, in which case the regional administrator shall proceed under [section 225C.17](#).

[C79, 81, §225B.5; S81, §225C.14; 81 Acts, ch 78, §16, 20]

96 Acts, ch 1183, §15; 2013 Acts, ch 90, §50; 2015 Acts, ch 69, §38

Referred to in [§225C.14, 331.382](#)

225C.16 Referrals for evaluation.

1. The chief medical officer of a state mental health institute, or that officer's physician or physician assistant designee, provided that a physician assistant designee meets the qualifications set forth in the definition of a mental health professional in [section 228.1](#), shall advise a person residing in that county who applies for voluntary admission, or a person applying for the voluntary admission of another person who resides in that county, in accordance with [section 229.41](#), that the regional administrator for the county has implemented the policy stated in [section 225C.14](#), and shall advise that a preliminary diagnostic evaluation of the prospective patient be sought, if that has not already been done. [This subsection](#) does not apply when voluntary admission is sought in accordance with [section 229.41](#) under circumstances which, in the opinion of the chief medical officer or that officer's physician designee, constitute a medical emergency.

2. The clerk of the district court in that county shall refer a person applying for authorization for voluntary admission, or for authorization for voluntary admission of another person, in accordance with [section 229.42](#), to the regional administrator for the person's county of residence under [section 225C.14](#) for the preliminary diagnostic evaluation unless the applicant furnishes a written statement from the appropriate entity which indicates that the evaluation has been performed and that the person's admission to a state mental health institute is appropriate. [This subsection](#) does not apply when authorization for voluntary admission is sought under circumstances which, in the opinion of the chief medical officer or that officer's physician designee, constitute a medical emergency.

3. Judges of the district court in that county or the judicial hospitalization referee appointed for that county shall so far as possible arrange for the entity designated through

the regional administrator under [section 225C.14](#) to perform a prehearing examination of a respondent required under [section 229.8, subsection 3](#), paragraph “b”.

4. The chief medical officer of a state mental health institute shall promptly submit to the appropriate entity designated through the regional administrator under [section 225C.14](#) a report of the voluntary admission of a patient under the medical emergency provisions of [subsections 1 and 2](#). The report shall explain the nature of the emergency which necessitated the admission of the patient without a preliminary diagnostic evaluation by the designated entity.

[C79, 81, §225B.6; S81, §225C.15; 81 Acts, ch 78, §17, 20]

96 Acts, ch 1183, §16; 2004 Acts, ch 1090, §33; 2012 Acts, ch 1120, §96, 130; 2015 Acts, ch 69, §39; 2016 Acts, ch 1073, §73; 2022 Acts, ch 1066, §29

Referred to in [§225C.14](#), [331.382](#), [602.8102\(39\)](#)

225C.17 Alternative diagnostic facility.

If a county is not served by a community mental health center having the capacity to perform the required preliminary diagnostic evaluations, the regional administrator for the county shall arrange for the evaluations to be performed by an alternative diagnostic facility for the period until the county is served by a community mental health center with the capacity to provide that service. An alternative diagnostic facility may be the outpatient service of a state mental health institute or any other mental health facility or service able to furnish the requisite professional skills to properly perform a preliminary diagnostic evaluation of a person whose admission to a state mental health institute is being sought or considered on either a voluntary or an involuntary basis.

[C79, 81, §225B.7; S81, §225C.16; 81 Acts, ch 78, §18, 20]

2015 Acts, ch 69, §40

Referred to in [§225C.14](#), [225C.15](#), [331.382](#)

225C.18 Mental health and developmental disabilities regional planning councils. Repealed by 2014 Acts, ch 1092, §152.

225C.19 Emergency mental health crisis services system.

1. For the purposes of [this section](#):

a. “*Emergency mental health crisis services provider*” means a provider accredited or approved by the department to provide emergency mental health crisis services.

b. “*Emergency mental health crisis services system*” or “*services system*” means a coordinated array of crisis services for providing a response to assist an individual adult or child who is experiencing a mental health crisis or who is in a situation that is reasonably likely to cause the individual to have a mental health crisis unless assistance is provided.

2. a. The department shall implement an emergency mental health crisis services system in consultation with counties, and community mental health centers and other mental health and social service providers, in accordance with [this section](#).

b. The purpose of the services system is to provide a statewide array of time-limited intervention services to reduce escalation of crisis situations, relieve the immediate distress of individuals experiencing a crisis situation, reduce the risk of individuals in a crisis situation doing harm to themselves or others, and promote timely access to appropriate services for those who require ongoing mental health services.

c. The services system shall be available twenty-four hours per day, seven days per week to any individual who is in or is determined by others to be in a crisis situation, regardless of whether the individual has been diagnosed with a mental illness or a co-occurring mental illness and substance use disorder. The system shall address all ages, income levels, and health coverage statuses.

d. The goals of an intervention offered by a provider under the services system shall include but are not limited to symptom reduction, stabilization of the individual receiving the intervention, and restoration of the individual to a previous level of functioning.

e. The elements of the services system shall be specified in administrative rules adopted by the commission.

3. The services system elements shall include but are not limited to all of the following:

a. Standards for accrediting or approving emergency mental health crisis services providers. Such providers may include but are not limited to a community mental health center designated under [chapter 230A](#), a unit of the department or other state agency, a county, a mental health and disability services region, or any other public or private provider who meets the accreditation or approval standards for an emergency mental health crisis services provider.

b. Identification by the department of geographic regions, groupings of mental health and disability services regions, or other means of distributing and organizing the emergency mental health crisis services system to ensure statewide availability of the services.

c. Coordination of emergency mental health crisis services with all of the following:

(1) The district and juvenile courts.

(2) Law enforcement.

(3) Judicial district departments of correctional services.

(4) Mental health and disability services regions.

(5) Other mental health, substance use disorder, and co-occurring mental illness and substance use disorder services available through the state and counties to serve both children and adults.

d. Identification of basic services to be provided through each accredited or approved emergency mental health crisis services provider which may include but are not limited to face-to-face crisis intervention, stabilization, support, counseling, preadmission screening for individuals who may require psychiatric hospitalization, transportation, and follow-up services.

e. Identification of operational requirements for emergency mental health crisis services provider accreditation or approval which may include providing a telephone hotline, mobile crisis staff, collaboration protocols, follow-up with community services, information systems, and competency-based training.

4. The department shall initially implement the program through a competitive block grant process. The implementation shall be limited to the extent of the appropriations provided for the program.

[2008 Acts, ch 1187, §52](#); [2009 Acts, ch 41, §88](#); [2015 Acts, ch 69, §41](#); [2023 Acts, ch 19, §457](#)

Referred to in [§225C.19A](#)

Section amended

225C.19A Crisis stabilization programs.

The department shall accredit, certify, or apply standards of review to authorize the operation of crisis stabilization programs, including crisis stabilization programs operating in a psychiatric medical institution for children pursuant to [chapter 135H](#) that provide children with mental health, substance use disorder, and co-occurring mental health and substance use disorder services. In authorizing the operation of a crisis stabilization program, the department shall apply the relevant requirements for an emergency mental health crisis services provider and system under [section 225C.19](#). A program authorized to operate under [this section](#) is not required to be licensed under [chapter 135B](#), [135C](#), [135G](#), or [135H](#), or certified under [chapter 231C](#). The commission shall adopt rules to implement [this section](#). The department shall accept accreditation of a crisis stabilization program by a national accrediting organization in lieu of applying the rules adopted in accordance with [this section](#) to the program.

[2014 Acts, ch 1044, §1](#); [2015 Acts, ch 75, §1](#); [2016 Acts, ch 1073, §74](#); [2023 Acts, ch 19, §458](#)

Section amended

225C.20 Responsibilities of mental health and disability services regions for individual case management services.

Individual case management services funded under the medical assistance program shall be provided by the department except when a county or a consortium of counties contracts with the department to provide the services. A regional administrator may contract for one or more counties of the region to be the provider at any time and the department shall agree to the contract so long as the contract meets the standards for case management adopted by the department. The regional administrator may subcontract for the provision of case

management services so long as the subcontract meets the same standards. A regional administrator may change the provider of individual case management services at any time. If the current or proposed contract is with the department, the regional administrator shall provide written notification of a change at least ninety days before the date the change will take effect.

88 Acts, ch 1245, §7; 89 Acts, ch 283, §20; 93 Acts, ch 172, §31; 2000 Acts, ch 1112, §53, 58; 2015 Acts, ch 69, §42; 2023 Acts, ch 19, §459

Section amended

225C.21 Supported community living services.

1. As used in [this section](#), “*supported community living services*” means services provided in a noninstitutional setting to adult persons with mental illness, an intellectual disability, or developmental disabilities to meet the persons’ daily living needs.

2. The commission shall adopt rules pursuant to [chapter 17A](#) establishing minimum standards for supported community living services. The department shall determine whether to grant, deny, or revoke approval for any supported community living service.

3. Approved supported community living services may receive funding from the state, federal and state social services block grant funds, and other appropriate funding sources, consistent with state legislation and federal regulations. The funding may be provided on a per diem, per hour, or grant basis, as appropriate.

85 Acts, ch 141, §1; 91 Acts, ch 38, §1

CS85, §225C.19

C89, §225C.21

94 Acts, ch 1170, §20; 96 Acts, ch 1129, §52; 98 Acts, ch 1181, §12; 99 Acts, ch 160, §6; 2010 Acts, ch 1031, §379; 2012 Acts, ch 1019, §68; 2023 Acts, ch 19, §460

Referred to in [§135C.6](#)

Section amended

225C.22 Reserved.

225C.23 Brain injury recognized as disability.

1. The department, the division of special education of the department of education, the division of vocational rehabilitation services of the department of workforce development, the department for the blind, and all other state agencies which serve persons with brain injuries, shall recognize brain injury as a distinct disability and shall identify those persons with brain injuries among the persons served by the state agency.

2. For the purposes of [this section](#), “*brain injury*” means the same as defined in [section 135.22](#).

88 Acts, ch 1219, §2; 94 Acts, ch 1068, §7; 94 Acts, ch 1109, §3; 99 Acts, ch 141, §30; 2012 Acts, ch 1120, §67; 2023 Acts, ch 19, §461

Section amended

225C.24 Reserved.

SUBCHAPTER II

BILL OF RIGHTS

225C.25 Short title.

[This section](#) and [sections 225C.26](#), [225C.28A](#), and [225C.28B](#) shall be known as “the bill of rights and service quality standards of persons with an intellectual disability, developmental disabilities, brain injury, or chronic mental illness”.

85 Acts, ch 249, §2; 92 Acts, ch 1241, §63; 2012 Acts, ch 1019, §69; 2022 Acts, ch 1032, §41

Referred to in [§225C.29](#)

225C.26 Scope.

These rights and service quality standards apply to any person with an intellectual disability, a developmental disability, brain injury, or chronic mental illness who receives services which are funded in whole or in part by public funds or services which are permitted under Iowa law.

[85 Acts, ch 249, §3](#); [92 Acts, ch 1241, §64](#); [2012 Acts, ch 1019, §70](#)

Referred to in [§135C.2](#), [225C.25](#), [225C.29](#)

225C.27 Purpose. Repealed by 2010 Acts, ch 1031, §381.

225C.28 Reserved.

225C.28A Service quality standards.

As the state participates more fully in funding services and other support to persons with an intellectual disability, developmental disabilities, brain injury, or chronic mental illness, it is the intent of the general assembly that the state shall seek to attain the following quality standards in the provision of the services:

1. Provide comprehensive evaluation and diagnosis adapted to the cultural background, primary language, and ethnic origin of the person.
2. Provide an individual treatment, habilitation, and program plan.
3. Provide treatment, habilitation, and program services that are individualized, provided to produce results, flexible, and cost-effective, as appropriate.
4. Provide periodic review of the individual plan.
5. Provide for the least restrictive environment and age-appropriate services.
6. Provide appropriate training and employment opportunities so that the person's ability to contribute to and participate in the community is maximized.
7. Provide an ongoing process to determine the degree of access to and the effectiveness of the services and other support in achieving the disability services outcomes and indicators identified by the commission pursuant to [section 225C.6](#).

[92 Acts, ch 1241, §66](#); [2006 Acts, ch 1115, §8](#); [2012 Acts, ch 1019, §71](#)

Referred to in [§225C.25](#), [225C.29](#)

225C.28B Rights of persons with an intellectual disability, developmental disabilities, brain injury, or chronic mental illness.

All of the following rights shall apply to a person with an intellectual disability, a developmental disability, brain injury, or chronic mental illness:

1. *Wage protection.* A person with an intellectual disability, a developmental disability, brain injury, or chronic mental illness engaged in work programs shall be paid wages commensurate with the going rate for comparable work and productivity.
2. *Insurance protection.* Pursuant to [section 507B.4, subsection 3](#), paragraph "g", a person or designated group of persons shall not be denied insurance coverage by reason of an intellectual disability, a developmental disability, brain injury, or chronic mental illness.
3. *Due process.* A person with an intellectual disability, a developmental disability, brain injury, or chronic mental illness retains the right to citizenship in accordance with the laws of the state.
4. *Participation in planning activities.* If an individual treatment, habilitation, and program plan is developed for a person with an intellectual disability, a developmental disability, brain injury, or chronic mental illness, the person has the right to participate in the formulation of the plan.

[92 Acts, ch 1241, §67](#); [2012 Acts, ch 1019, §72](#); [2012 Acts, ch 1023, §148](#)

Referred to in [§225C.25](#), [225C.29](#)

225C.29 Compliance.

Except for a violation of [section 225C.28B, subsection 2](#), the sole remedy for violation of a rule adopted by the commission to implement [sections 225C.25](#), [225C.26](#), [225C.28A](#), and [225C.28B](#) shall be by a proceeding for compliance initiated by request to the department pursuant to [chapter 17A](#). Any decision of the department shall be in accordance with due process of law and is subject to appeal to the Iowa district court pursuant to [sections 17A.19](#)

and [17A.20](#) by any aggrieved party. Either the department or a party in interest may apply to the Iowa district court for an order to enforce the decision of the department. Any rules adopted by the commission to implement [sections 225C.25, 225C.26, 225C.28A, and 225C.28B](#) do not create any right, entitlement, property, or liberty right or interest, or private cause of action for damages against the state or a political subdivision of the state or for which the state or a political subdivision of the state would be responsible. Any violation of [section 225C.28B, subsection 2](#), shall solely be subject to the enforcement by the commissioner of insurance and penalties granted by [chapter 507B](#) for a violation of [section 507B.4, subsection 3, paragraph “g”](#).

[85 Acts, ch 249, §6; 92 Acts, ch 1241, §68; 92 Acts, ch 1247, §17; 2012 Acts, ch 1023, §149; 2022 Acts, ch 1032, §42; 2023 Acts, ch 19, §462](#)

Section amended

225C.30 and 225C.31 Reserved.

225C.32 Plan appeals process.

The department shall establish an appeals process by which a mental health, intellectual disability, and developmental disabilities coordinating board or an affected party may appeal a decision of the department or of the coordinating board.

[88 Acts, ch 1245, §8; 2012 Acts, ch 1019, §73](#)

225C.33 and 225C.34 Reserved.

SUBCHAPTER III

FAMILY SUPPORT SUBSIDY

225C.35 Definitions.

For purposes of [this subchapter](#), unless the context otherwise requires:

1. “Family” means a family member and the parent or legal guardian of the family member.
2. “Family member” means a person less than eighteen years of age who by educational determination has a moderate, severe, or profound educational disability or special health care needs or who otherwise meets the definition of developmental disability in the federal Developmental Disabilities Assistance and Bill of Rights Act, as codified in 42 U.S.C. §15002. The department shall adopt rules establishing procedures for determining whether a child has a developmental disability.
3. “Legal guardian” means a person appointed by a court to exercise powers over a family member.
4. “Medical assistance” means the same as defined in [section 249A.2](#).
5. “Parent” means a biological or adoptive parent.
6. “Supplemental security income” means financial assistance provided to individuals pursuant to Tit. XVI of the federal Social Security Act, 42 U.S.C. §1381 – 1383c.

[88 Acts, ch 1122, §2; 90 Acts, ch 1114, §1; 96 Acts, ch 1129, §113; 2009 Acts, ch 41, §89; 2014 Acts, ch 1092, §171; 2023 Acts, ch 19, §463](#)

Referred to in [§225C.37](#)

Section amended

225C.36 Family support subsidy program.

A family support subsidy program is created as specified in [this subchapter](#). The purpose of the family support subsidy program is to keep families together by defraying some of the special costs of caring for a family member at home. The department shall adopt rules to implement the purposes of [this section](#) and [sections 225C.37 through 225C.42](#) which assure that families retain the greatest possible flexibility in determining appropriate use of the subsidy.

[88 Acts, ch 1122, §3; 90 Acts, ch 1114, §2; 2009 Acts, ch 41, §90](#)

Referred to in [§225C.49](#)

225C.37 Program specifications rules.

1. A parent or legal guardian of a family member may apply to the local office of the department for the family support subsidy program. The application shall include:

- a. A statement that the family resides in a county of this state.
- b. Verification that the family member meets the definitional requirements of [section 225C.35, subsection 3](#). Along with the verification, the application shall identify an age when the family member's eligibility for the family support subsidy under such definitional requirements will end. The age identified is subject to approval by the department.
- c. A statement that the family member resides, or is expected to reside, with the parent or legal guardian of the family member or, on a temporary basis, with another relative of the family member.
- d. A statement that if the child receives medical assistance, then the family support subsidy shall only be used for the cost of a service which is not covered by medical assistance. The family may receive public assistance for which the family is eligible.
- e. Verification that the net taxable income for the family for the calendar year immediately preceding the date of application did not exceed forty thousand dollars unless it can be verified that the estimated net taxable income for the family for the year in which the application is made will be less than forty thousand dollars.

2. Within the limits set by the appropriation for this purpose, the department shall approve or disapprove the application based on the family support services plan which identifies the needs of the child and the family and the eligibility criteria required to be included in the application under [subsection 1](#), paragraphs "a" through "e", and shall notify the parent or legal guardian of the decision.

3. Effective July 1, 2010, the department shall not accept new applications for the family support subsidy program and shall not approve pending applications for the program. Subsidy termination or application denial relating to family members enrolled in the family support subsidy program as of July 1, 2010, is subject to [section 225C.40](#).

[88 Acts, ch 1122, §4; 90 Acts, ch 1039, §13; 90 Acts, ch 1114, §3; 2006 Acts, ch 1159, §11; 2009 Acts, ch 41, §263; 2010 Acts, ch 1031, §403; 2023 Acts, ch 19, §464](#)

Referred to in [§225C.36, 225C.40](#)
Subsection 1, paragraph d amended

225C.38 Payment — amount — reports.

1. If an application for a family support subsidy is approved by the department:

- a. A family support subsidy shall be paid to the parent or legal guardian on behalf of the family member. An approved subsidy shall be payable as of the first of the next month after the department approves the written application.

- b. A family support subsidy shall be used to meet the special needs of the family. This subsidy is intended to complement but not supplant public assistance or social service benefits based on economic need, available through governmental programs or other means available to the family.

- c. Except as provided in [section 225C.41](#), a family support subsidy for a fiscal year shall be in an amount determined by the department. The parent or legal guardian receiving a family support subsidy may elect to receive a payment amount which is less than the amount determined in accordance with this paragraph.

2. The department shall administer the family support subsidy program and the payments made under the program as follows:

- a. In each fiscal year, the department shall establish a figure for the number of family members for whom a family support subsidy shall be provided at any one time during the fiscal year. The figure shall be established by dividing the amount appropriated by the general assembly for family support subsidy payments during the fiscal year by the family support subsidy payment amount established in [subsection 1](#), paragraph "c".

- b. On or before July 15 in each fiscal year, the department shall approve the provision of a number of family support subsidies equal to the figure established in paragraph "a". During any thirty-day period, the number of family members for whom a family support subsidy is provided shall not be less than this figure.

c. Unless there are exceptional circumstances and the family requests and receives approval from the department for an exception to policy, a family is not eligible to receive the family support subsidy if any of the following are applicable to the family or the family member for whom the application was submitted:

(1) The family member is a special needs child who was adopted by the family and the family is receiving financial assistance under [section 600.17](#).

(2) Medical assistance home and community-based waiver services are provided for the family member and the family lives in a county in which comprehensive family support program services are available.

(3) Medical assistance home and community-based waiver services are provided for the family member under a consumer choices option.

3. The parent or legal guardian who receives a family support subsidy shall report, in writing, the following information to the department:

a. Not less than annually, a statement that the family support subsidy was used to meet the special needs of the family.

b. The occurrence of any event listed in [section 225C.40](#).

c. A request to terminate the family support subsidy.

[88 Acts, ch 1122, §5; 91 Acts, ch 38, §2, 3; 98 Acts, ch 1218, §71; 2006 Acts, ch 1159, §12, 13, 29; 2013 Acts, ch 138, §86](#)

Referred to in [§225C.36, 225C.40](#)

225C.39 Subsidy payments not alienable.

Family support subsidy payments shall not be alienable by action, including but not limited to, assignment, sale, garnishment, or execution, and in the event of bankruptcy shall not pass to or through a trustee or any other person acting on behalf of creditors.

[88 Acts, ch 1122, §6](#)

Referred to in [§225C.36](#)

225C.40 Termination or denial of subsidy — hearing.

1. The family support subsidy shall terminate if any of the following occur:

a. The family member dies.

b. The family no longer meets the eligibility criteria in [section 225C.37](#).

c. The family member attains the age of eighteen years.

d. The family member is no longer eligible for special education pursuant to [section 256B.9, subsection 1](#), paragraph “c” or “d”.

2. The family support subsidy may be terminated by the department if a report required by [section 225C.38, subsection 3](#), is not timely made or a report required by [section 225C.38, subsection 3](#), paragraph “a”, contains false information.

3. If an application for a family support subsidy is denied, the family member end-of-eligibility age identified in the application is not approved by the department, or a family support subsidy is terminated by the department, the parent or legal guardian of the affected family member may request, in writing, a hearing before an impartial hearing officer.

4. If a family appeals the termination of a family member who has attained the age of eighteen years, family support subsidy payments for that family member shall be withheld pending resolution of the appeal.

[88 Acts, ch 1122, §7; 2006 Acts, ch 1159, §14; 2008 Acts, ch 1187, §114](#)

Referred to in [§225C.36, 225C.37, 225C.38](#)

225C.41 Appropriations.

1. Family support subsidy payments shall be paid from funds appropriated by the general assembly for this purpose.

2. Notwithstanding [section 8.33](#), funds remaining unexpended on June 30 of any fiscal year shall not revert to the general fund of the state but shall remain available to provide family support subsidy payments or to expand the comprehensive family support program in the succeeding fiscal year.

[88 Acts, ch 1122, §8; 91 Acts, ch 38, §4; 2006 Acts, ch 1159, §15; 2020 Acts, ch 1062, §94](#)

Referred to in [§225C.36, 225C.38](#)

225C.42 Annual evaluation of program.

1. The department shall conduct an annual evaluation of the family support subsidy program and shall submit the evaluation report with recommendations to the governor and general assembly. The report shall be submitted on or before October 30 and provide an evaluation of the latest completed fiscal year.

2. The evaluation content shall include but is not limited to all of the following items:

a. A statement of the number of children and families served by the program during the period and the number remaining on the waiting list at the end of the period.

b. A description of the children and family needs to which payments were applied.

c. An analysis of the extent to which payments enabled children to remain in their homes. The analysis shall include but is not limited to all of the following items concerning children affected by the payments:

(1) The number and percentage of children who remained with their families.

(2) The number and percentage of children who returned to their home from an out-of-home placement and the type of placement from which the children returned.

(3) The number of children who received an out-of-home placement during the period and the type of placement.

d. An analysis of parent satisfaction with the program.

e. An analysis of efforts to encourage program participation by eligible families.

f. The results of a survey of families participating in the program in order to assess the adequacy of subsidy payment amounts and the degree of unmet need for services and supports.

3. The evaluation content may include any of the following items:

a. An overview of the reasons families voluntarily terminated participation in the family support subsidy program and the involvement of the department in offering suitable alternatives.

b. The geographic distribution of families receiving subsidy payments.

c. An overview of problems encountered by families in applying for the program, including obtaining documentation of eligibility.

[88 Acts, ch 1122, §9](#); [91 Acts, ch 38, §5](#); [2004 Acts, ch 1116, §1, 2](#); [2005 Acts, ch 19, §36](#); [2006 Acts, ch 1159, §16, 28](#); [2013 Acts, ch 138, §87](#); [2022 Acts, ch 1032, §43](#)

Referred to in [§225C.36](#)

225C.43 and 225C.44 Reserved.

SUBCHAPTER IV

PUBLIC HOUSING PROGRAM

225C.45 Public housing program.

1. The department may establish a public housing program to apply for, receive, and administer federal assistance, grants, and other public or private funds for purposes related to providing housing.

2. In implementing the public housing program, the department may do all of the following:

a. Prepare, implement, and operate housing projects and provide for the construction, improvement, extension, alteration, or repair of a housing project under the department's jurisdiction.

b. Develop and implement studies, conduct analyses, and engage in research concerning housing and housing needs. The information obtained from these activities shall be made available to the public and to the building, housing, and supply industries.

c. Cooperate with the Iowa finance authority, participate in any of the authority's programs, and use any funds obtained pursuant to [subsection 1](#) to participate in the authority's programs. The department shall comply with rules adopted by the authority as the rules apply to the housing activities of the department.

3. In accepting contributions, grants, or other financial assistance from the federal government relating to a housing activity of the department, including construction, operation, or maintenance, or in managing a housing project or undertaking constructed or owned by the federal government, the department may do any of the following:

a. Comply with federally required conditions or enter into contracts or agreements as necessary, convenient, or desirable.

b. Take any other action necessary or desirable in order to secure the financial aid or cooperation of the federal government.

c. Include in a contract with the federal government for financial assistance any provision which the federal government may require as a condition of the assistance that is consistent with the provisions of [this section](#).

4. The department shall not proceed with a housing project pursuant to [this section](#), unless both of the following conditions are met:

a. A study for a report which includes recommendations concerning the housing available within a community is publicly issued by the department. The study shall be included in the department's recommendations for a housing project.

b. The department's recommendations are approved by a majority of the city council or board of supervisors with jurisdiction over the geographic area affected by the recommendations.

5. Property acquired or held pursuant to [this section](#) is public property used for essential public purposes and is declared to be exempt from any tax or special assessment of the state or any state public body as defined in [section 403A.2](#). In lieu of taxes on the property, the department may agree to make payments to the state or a state public body, including but not limited to the department, as the department finds necessary to maintain the purpose of providing low-cost housing in accordance with [this section](#).

6. Any property owned or held by the department pursuant to [this section](#) is exempt from levy and sale by execution. An execution or other judicial process shall not be issued against the property and a judgment against the department shall not be a lien or charge against the property. However, the provisions of [this subsection](#) shall not apply to or limit the right of the federal government to pursue any remedies available under [this section](#). The provisions of [this subsection](#) shall also not apply to or limit the right of an obligee to take either of the following actions:

a. Foreclose or otherwise enforce a mortgage or other security executed or issued pursuant to [this section](#).

b. Pursue remedies for the enforcement of a pledge or lien on rents, fees, or revenues.

7. In any contract with the federal government to provide annual payments to the department, the department may obligate itself to convey to the federal government possession of or title to the housing project in the event of a substantial default as defined in the contract and with respect to the covenant or conditions to which the department is subject. The obligation shall be specifically enforceable and shall not constitute a mortgage. The contract may also provide that in the event of a conveyance, the federal government may complete, operate, manage, lease, convey, or otherwise deal with the housing project and funds in accordance with the terms of the contract. However, the contract shall require that, as soon as is practicable after the federal government is satisfied that all defaults with respect to the housing project are cured and the housing project will be operated in accordance with the terms of the contract, the federal government shall reconvey the housing project to the department.

8. The department shall not undertake a housing project pursuant to [this section](#) until a public hearing has been held. At the hearing, the department shall notify the public of the proposed project's name, location, number of living units proposed, and approximate cost. Notice of the public hearing shall be published at least once in a newspaper of general circulation at least fifteen days prior to the date set for the hearing.

[92 Acts, ch 1128, §2; 94 Acts, ch 1170, §21; 95 Acts, ch 82, §3; 2023 Acts, ch 19, §465](#)

Referred to in [§225C.4](#)

Section amended

SUBCHAPTER V
FAMILY SUPPORT SERVICES

Legislative findings, 94 Acts, ch 1041, §1

225C.46 Personal assistance services program. Repealed by 2006 Acts, ch 1159, §27.

225C.47 Comprehensive family support program.

1. For the purposes of [this section](#), unless the context otherwise requires:

a. (1) “Family” means a group of interdependent persons living in the same household. A family consists of an individual with a disability and any of the following:

- (a) The individual’s parent.
- (b) The individual’s sibling.
- (c) The individual’s grandparent, aunt, or uncle.
- (d) The individual’s legal custodian.

(e) A person who is providing short-term foster care to the individual subject to a case permanency plan which provides for reunification between the individual and the individual’s parent.

(2) “Family” does not include a person who is employed to provide services to an individual with a disability in an out-of-home setting, including but not limited to a hospital, nursing facility, personal care home, board and care home, group foster care home, or other institutional setting.

b. “Individual with a disability” means an individual who is less than twenty-two years of age and meets the definition of developmental disability in 42 U.S.C. §15002.

c. “Services and support” means services or other assistance intended to enable an individual with a disability to control the individual’s environment, to remain living with the individual’s family, to function more independently, and to increase the integration of the individual into the individual’s community. Services and support may include but are not limited to funding for purchase of equipment, respite care, supplies, assistive technology, and payment of other costs attributable to the individual’s disability which are identified by the individual’s family.

2. A comprehensive family support program is created in the department to provide a statewide system of services and support to eligible families. The program shall be implemented in a manner which enables a family member of an individual with a disability to identify the services and support needed to enable the individual to reside with the individual’s family, to function more independently, and to increase the individual’s integration into the community.

3. Eligibility for the comprehensive family support program is limited to families who meet all of the following conditions:

- a. The family resides in the state of Iowa.
- b. The family includes an individual with a disability.
- c. The family expresses an intent for the family member who is an individual with a disability to remain living in the family’s home.
- d. The family’s taxable income is less than sixty thousand dollars in the most recently completed tax year.

4. A family may apply to the department or to a family support center developed pursuant to [this section](#) for assistance under the comprehensive family support program. The department or family support center shall determine eligibility for the program in accordance with the provisions of [this section](#).

5. The department shall design the program. The department shall adopt rules to implement the program which provide for all of the following:

a. (1) An application process incorporating the eligibility determination processes of other disability services programs to the extent possible.

(2) Eligible families maintain control of decisions which affect the families’ children who are individuals with a disability.

b. (1) Existing local agencies are utilized to provide facilities and a single entry point for comprehensive family support program applicants.

(2) Services and support are provided in a timely manner and emergency access to needed services and support is provided.

c. Technical assistance is provided to service and support providers and users.

d. State, regional, and local media are utilized to publicize the family support program.

e. A process is available to appeal the department's or family support center's decisions involving families that apply for the comprehensive family support program and are denied services and support under the comprehensive family support program. The department shall make reasonable efforts to utilize telecommunications so that a family initiating an appeal may complete the appeal process in the family's local geographic area.

f. (1) Identification of the services and support and service provider components included in the comprehensive family support program.

(2) Upon request by a family member, provision of assistance in locating a service provider.

g. Identification of payment for services and support directly to families, by voucher, or by other appropriate means to maintain family control over decision making.

h. Implementation of the program in accordance with the funding appropriated for the program.

i. The utilization of a voucher system for payment provisions for the family support center component of the program developed under [subsection 7](#).

6. Services and support provided under the comprehensive family support program shall not be used to supplant other services and support available to a family of an individual with disabilities but shall be used to meet family needs that would not be met without the program.

7. The comprehensive family support program shall include a family support center component developed by the department in accordance with [this subsection](#). Under the component, a family member of an individual with a disability shall be assisted by a family support center in identifying the services and support to be provided to the family under the family support subsidy program or the comprehensive family support program. The identification of services and support shall be based upon the specific needs of the individual and the individual's family which are not met by other service programs available to the individual and the individual's family.

94 Acts, ch 1041, §3; 96 Acts, ch 1084, §1 – 5; 2006 Acts, ch 1159, §17 – 21; 2013 Acts, ch 138, §88; 2014 Acts, ch 1092, §172; 2015 Acts, ch 29, §33; 2023 Acts, ch 19, §466

Referred to in §225C.49
Subsection 2 amended

225C.48 Comprehensive family support council. Repealed by 2013 Acts, ch 138, §105.

225C.49 Departmental duties concerning services to individuals with a disability.

1. The department shall provide coordination of the programs administered by the department which serve individuals with a disability and the individuals' families, including but not limited to the following juvenile justice and child welfare services: family-centered services described under [section 232.102](#), decategorization of child welfare funding provided for under [section 232.188](#), and foster care services paid under [section 234.35, subsection 3](#). The department shall regularly review administrative rules associated with such programs and make recommendations to the council, governor, and general assembly for revisions to remove barriers to the programs for individuals with a disability and the individuals' families including the following:

a. Eligibility prerequisites which require declaring the individual at risk of abuse, neglect, or out-of-home placement.

b. Time limits on services which restrict addressing ongoing needs of individuals with a disability and their families.

2. The department shall coordinate the department's programs and funding utilized by individuals with a disability and their families with other state and local programs and funding directed to individuals with a disability and their families.

3. In implementing the provisions of [this section](#), the department shall do all of the following:

a. Compile information concerning services and other support available to individuals with a disability and their families. Make the information available to individuals with a disability and their families and department staff.

b. Utilize internal training resources or contract for additional training of staff concerning the information under paragraph “a” and training of families and individuals as necessary to implement the family support subsidy and comprehensive family support programs under [this chapter](#).

4. The department shall designate one individual whose sole duties are to provide central coordination of the programs under [sections 225C.36](#) and [225C.47](#) and to oversee development and implementation of the programs.

[96 Acts, ch 1084, §7](#); [2006 Acts, ch 1159, §23, 24](#); [2007 Acts, ch 172, §8](#); [2013 Acts, ch 138, §89](#); [2023 Acts, ch 19, §467](#)

Section amended

225C.50 Reserved.

SUBCHAPTER VI CHILDREN’S BEHAVIORAL HEALTH SYSTEM

225C.51 Children’s behavioral health system state board.

1. A children’s behavioral health system state board is created as the state body to provide guidance on the implementation and management of a children’s behavioral health system for the provision of services to children with a serious emotional disturbance. State board members shall be appointed on the basis of interest and experience in the fields of children’s behavioral health to ensure adequate representation from persons with life experiences and from persons knowledgeable about children’s behavioral health services. The department shall provide support to the state board, and the board may utilize staff support and other assistance provided to the state board by other persons. The state board shall meet at least four times per year. The membership of the state board shall consist of the following persons:

- a. The director of the department of health and human services or the director’s designee.
- b. The director of the department of education or the director’s designee.
- c. The director of workforce development or the director’s designee.
- d. A member of the mental health and disability services commission.
- e. Members appointed by the governor who are active members of each of the indicated groups:

(1) One member shall be selected from nominees submitted by the state court administrator.

(2) One member shall be selected from nominees submitted by the early childhood Iowa program in the department.

(3) One member shall be a board member or an employee of a provider of mental health services to children.

(4) One member shall be a board member or an employee of a provider of child welfare services.

(5) One member shall be an administrator of an area education agency.

(6) One member shall be an educator, counselor, or administrator of a school district.

(7) One member shall be a representative of an established advocacy organization whose mission or purpose it is, in part, to further goals related to children’s mental health.

(8) One member shall be a parent or guardian of a child currently utilizing or who has utilized behavioral health services.

(9) One member shall be a sheriff.

(10) One member shall be a pediatrician.

(11) One member shall be a representative from a health care system.

(12) One member shall be a chief executive officer of a mental health and disability services region.

f. In addition to the voting members, the membership shall include four members of the general assembly with one member designated by each of the following: the majority leader of the senate, the minority leader of the senate, the speaker of the house of representatives, and the minority leader of the house of representatives. A legislative member serves for a term as provided in [section 69.16B](#) in a nonvoting, ex officio capacity and is not eligible for per diem and expenses as provided in [section 2.10](#).

2. Members appointed by the governor shall serve four-year staggered terms and are subject to confirmation by the senate. The four-year terms shall begin and end as provided in [section 69.19](#). Vacancies on the state board shall be filled as provided in [section 2.32](#). A member shall not be appointed for more than two consecutive four-year terms.

3. The director and the director of the department of education, or their designees, shall serve as co-chairpersons of the state board. Board members shall not be entitled to a per diem as specified in [section 7E.6](#) and shall not be entitled to actual and necessary expenses incurred while engaged in their official duties.

[2019 Acts, ch 61, §8, 22; 2019 Acts, ch 85, §110; 2019 Acts, ch 89, §10, 11; 2023 Acts, ch 19, §468](#)

Referred to in [§225C.2, 225C.55](#)

Former [§225C.51](#) repealed by [2019 Acts, ch 61, §22](#)

Section amended

225C.52 Children's behavioral health system state board — duties.

To the extent funding is available, the state board shall perform the following duties:

1. Advise the director on the administration of the children's behavioral health system.
2. Provide consultation services to agencies regarding the development of administrative rules for the children's behavioral health system.
3. Identify behavioral health outcomes and indicators for eligible children with a serious emotional disturbance to promote children living with their own families and in the community.

4. Submit a written report on or before December 1 of each year to the governor and the general assembly. At a minimum, the report shall include a summary of all activities undertaken by the state board and results from identified behavioral health outcomes and indicators for the children's behavioral health system.

[2019 Acts, ch 61, §9, 22; 2020 Acts, ch 1063, §83; 2023 Acts, ch 19, §469](#)

Former [§225C.52](#) repealed by [2019 Acts, ch 61, §22](#)

Subsection 1 amended

225C.53 Role of department and division — transition to adult system. Repealed by [2019 Acts, ch 61, §22](#).

225C.54 Mental health services system for children and youth — initial implementation. Repealed by [2019 Acts, ch 61, §22](#).

SUBCHAPTER VII

MENTAL HEALTH AND DISABILITY SERVICES — REGIONAL SERVICE SYSTEM — CHILDREN'S BEHAVIORAL HEALTH SYSTEM

Referred to in [§256.25](#)

225C.55 Definitions.

As used in [this subchapter](#), unless the context otherwise requires:

1. "Children's behavioral health services" means the same as defined in [section 225C.2](#).
2. "Department" means the department of health and human services.
3. "Director" means the director of health and human services.
4. "Disability services" means the same as defined in [section 225C.2](#).
5. "Population" means, as of July 1 of the fiscal year preceding the fiscal year in which the

population figure is applied, the population shown by the latest preceding certified federal census or the latest applicable population estimate issued by the United States census bureau, whichever is most recent.

6. “*Regional administrator*” means the administrative office, organization, or entity formed by agreement of the counties participating in a region to function on behalf of those counties in accordance with [this subchapter](#).

7. “*Serious emotional disturbance*” means the same as defined in [section 225C.2](#).

8. “*State board*” means the children’s system state board created in [section 225C.51](#).

9. “*State commission*” means the mental health and disability services commission created in [section 225C.5](#).

2012 Acts, ch 1120, §31, 37, 39

C2013, §331.388

2014 Acts, ch 1140, §74; 2019 Acts, ch 61, §10; 2023 Acts, ch 19, §1086; 2023 Acts, ch 140, §15

C2024, §225C.55

Referred to in [§222.2](#), [225.1](#), [225C.2](#), [225C.7A](#), [226.1](#), [227.1](#), [229.1](#), [230.1](#), [235.7](#)

See Code editor’s note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.388](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Section amended

225C.56 Mental health and disability services regions — criteria.

1. Local access to mental health and disability services shall be provided by a regional service system comprised of mental health and disability services regions approved by the director. It is the intent of the general assembly that the residents of this state should have access to needed mental health and disability services regardless of the location of their residence.

2. The director shall approve a region meeting the requirements of [subsection 3](#).

3. Each county in the state shall participate in an approved mental health and disability services region. A region exempted from the requirement to form a multicounty region prior to July 1, 2014, shall adhere to and fulfill all of the requirements of a multicounty region. A mental health and disability services region shall comply with all of the following requirements, as applicable:

a. The counties comprising a multicounty region are contiguous.

b. A multicounty region has at least three counties.

c. The region provides required core services and performs all other required functions.

d. At least one community mental health center or a federally qualified health center with providers qualified to provide psychiatric services, either directly or through contractual arrangements with mental health professionals qualified to provide psychiatric services, is located within the region, has the capacity to provide outpatient services for the region, and is under contract with the region.

e. A hospital with an inpatient psychiatric unit or a state mental health institute is located in or within reasonably close proximity to the region, has the capability to provide inpatient services for the region, and is under contract with the region.

f. The regional administrator structure utilized by the region demonstrates clear lines of accountability and the regional administrator functions as a lead agency utilizing appropriate means of limiting administrative costs.

4. A mental health and disability services region is subject to all of the following:

a. The approved region shall comply with all of the following criteria:

(1) Any counties comprising the region shall be identified.

(2) (a) The region complies with the requirements in [subsection 3](#).

(b) The department shall provide written notice to a region’s regional administrator that the region is in compliance with the requirements in [subsection 3](#).

b. Upon the department’s determination that a region is in compliance with the requirements of [subsection 3](#), the region shall be eligible for technical assistance provided by the department.

c. In addition to the regional governance agreement requirements in [section 225C.59](#), the department may compel a county and region to engage in mediation for resolution of

a dispute. The costs incurred for mediation shall be paid by the county and the region in dispute according to their governance agreement.

d. (1) If the department withdraws approval for a region, or if a county is not approved by the department as a single county region and otherwise not assigned to a region, the department may assign the county or counties no longer assigned to an approved region to an approved region.

(2) An approved region that has a county assigned to the region pursuant to subparagraph (1) shall amend the region's existing governance agreement to include the assigned county. The amended governance agreement shall include an effective date designated by the department.

(3) A county assigned to a region by the department pursuant to subparagraph (1) shall operate according to the governance agreement in existence at the time the county was assigned to the region until the region's amended governance agreement created pursuant to subparagraph (2) becomes effective.

e. A region shall be in compliance with all of the following criteria:

(1) The board of supervisors of each county participating in a multicounty region has voted to approve a [chapter 28E](#) agreement.

(2) The duly authorized representatives of all the counties participating in a multicounty region have signed the [chapter 28E](#) agreement that is in compliance with [section 225C.57](#).

(3) The members of the region's governing board have been appointed in accordance with [section 225C.57](#).

(4) Executive staff for the region's regional administrator have been identified.

(5) A regional service management plan has been developed which identifies all of the following:

(a) Local access points for the disability services administered by the region.

(b) The region's targeted case manager providers funded by the medical assistance program.

(c) The service provider network for the region.

(d) The service access and service authorization process utilized by the region.

(e) The information technology and data management capacity employed to support regional functions.

(f) Business functions, funds accounting procedures, and other administrative processes.

(g) Data reporting and other information technology requirements identified by the department.

(6) The department has approved the region's [chapter 28E](#) agreement unless the county was exempted from the requirements of subparagraph (1) prior to July 1, 2014.

(7) The department has approved the region's regional management plan.

5. a. If the department determines that a region is not adequately fulfilling the requirements under [this chapter](#) for a regional service system, the department shall address the region in the following order:

(1) Require compliance with a corrective action plan.

(2) Reduce the amount of the annual state funding provided for the regional service system, including amounts received under [section 225C.7A](#), not to exceed fifteen percent of the amount.

(3) Withdraw approval for the region.

b. The department shall rely on all information available, including annual audits submitted under [section 225C.58](#), regional governance agreements submitted under [section 225C.59](#), and annual service and budget plans submitted under [section 225C.60](#) in determining whether a region is adequately fulfilling the requirements for a regional service system. The department may request and review financial documents, contracts, and other audits, and may perform on-site reviews and interviews to gather information.

[2012 Acts, ch 1120, §32, 37, 39](#)

C2013, §331.389

2013 Acts, ch 140, §170, 186; 2018 Acts, ch 1165, §84 – 88, 91; 2020 Acts, ch 1121, §49, 50; 2021 Acts, ch 177, §85, 86, 108; 2022 Acts, ch 1131, §69; 2023 Acts, ch 19, §1087; 2023 Acts, ch 64, §107; 2023 Acts, ch 66, §82; 2023 Acts, ch 140, §15

C2024, §225C.56

See Code editor's note on simple harmonization at the beginning of this Code volume
Section transferred from §331.389 in Code 2024 pursuant to directive in 2023 Acts, ch 140, §15
Subsections 1 and 2 amended
Subsection 4, paragraph c amended

225C.57 Regional governance structure.

1. a. The counties comprising a mental health and disability services region shall enter into an agreement under [chapter 28E](#) to form a regional administrator under the control of a governing board to function on behalf of those counties.

b. A region exempted from the requirement to enter into a [chapter 28E](#) agreement prior to July 1, 2014, shall submit written documents demonstrating that the region has formed a regional administrator under the control of a governing board to function on behalf of that region and otherwise comply with the requirements of [this section](#).

2. The governing board shall comply with all of the following requirements:

a. Each member of the governing board shall have one vote.

b. The membership of the governing board shall not include employees of the department of health and human services or a nonelected employee of a county.

c. The membership of the governing board shall consist of the following:

(1) Members representing the boards of supervisors of counties comprising the region. Members representing the boards of supervisors for a region's counties shall not exceed forty-nine percent of the total membership of the governing board.

(2) One member who is an adult person who utilizes mental health and disability services or is an actively involved relative of such an adult person. This member shall be designated by the regional advisory committee formed by the governing board pursuant to paragraph "d".

(3) One member representing adult service providers in the region. This member shall be designated by the regional advisory committee formed by the governing board pursuant to paragraph "d".

(4) One member representing children's behavioral health services providers in the region. This member shall be designated by the regional children's advisory committee formed by the governing board pursuant to paragraph "e".

(5) One member representing the education system in the region. This member shall be designated by the regional children's advisory committee formed by the governing board pursuant to paragraph "e".

(6) One member who is a parent of a child who utilizes children's behavioral health services or who is an actively involved relative of such a child. This member shall be designated by the regional children's advisory committee formed by the governing board pursuant to paragraph "e".

(7) One member representing law enforcement in the region.

(8) One member representing the judicial system in the region.

d. The governing board shall have a regional advisory committee consisting of adults who utilize services or actively involved relatives of such adults, service providers, and regional governing board members.

e. The governing board shall have a regional children's advisory committee consisting of parents of children who utilize services or actively involved relatives of such children, a member of the education system, an early childhood advocate, a child welfare advocate, a children's behavioral health service provider, a member of the juvenile court, a pediatrician, a child care provider, a local law enforcement representative, and regional governing board members.

3. a. The regional administrator shall be under the control of the governing board. The regional administrator shall enter into performance-based contracts with the department in accordance with [section 225C.4, subsection 1](#), paragraph "x", for the regional administrator to manage, on behalf of the counties comprising the region, the mental health and disability services that are not funded by the medical assistance program under [chapter 249A](#) and for

coordinating with the department the provision of mental health and disability services that are funded under the medical assistance program.

b. The regional administrator staff shall include one or more coordinators of mental health and disability services and one or more coordinators of children's behavioral health services. A coordinator shall possess a bachelor's or higher level degree in a human services-related or administration-related field, including but not limited to social work, psychology, nursing, or public or business administration, from an accredited college or university. However, in lieu of a degree in public or business administration, a coordinator may provide documentation of relevant management experience. An action of a coordinator involving a clinical decision shall be made in conjunction with a professional who is trained in the delivery of the mental health or disability service or children's behavioral health service addressed by the clinical decision. The regional administrator shall determine whether referral to a coordinator of mental health and disability services or children's behavioral health services is required for a person or child seeking to access a service through a local access point of the regional service system or the children's behavioral health system.

2012 Acts, ch 1120, §33, 37, 39

C2013, §331.390

2013 Acts, ch 30, §74, 75; 2019 Acts, ch 61, §11, 12; 2020 Acts, ch 1063, §177; 2022 Acts, ch 1131, §70; 2023 Acts, ch 19, §1088; 2023 Acts, ch 140, §5, 15

C2024, §225C.57

Referred to in §225C.4, 225C.56, 225C.59

With respect to proposed amendments to subsection 2, paragraph c, by 2023 Acts, ch 19, §1088, see Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from §331.390 in Code 2024 pursuant to directive in 2023 Acts, ch 140, §15

Subsection 2 stricken and rewritten

225C.58 Regional finances.

1. The funding under the control of the governing board shall be maintained in a combined account. A county exempted from joining a multicounty region prior to July 1, 2014, shall maintain a county mental health and disability services fund for the deposit of funding received under [section 225C.7A](#) and appropriations specifically authorized to be made from the county mental health and disability services fund shall not be made from any other fund of the county. A county mental health and disability services fund established by an exempt county, to the extent feasible, shall be considered to be the same as a region combined account and shall be subject to the same requirements as a region's combined account.

2. The accounting system and financial reporting to the department shall conform with the cost principles for state, local, and Indian tribal governments issued by the United States office of management and budget. The information shall segregate expenditures for administration, purchase of service, and enterprise costs for which the region is a service provider or is directly billing and collecting payments and shall be identified along with other financial information in a uniform chart of accounts prescribed by the department of management. Following periodic review of administrative costs, the department shall make recommendations, in consultation with the legislative services agency, for standards defining region administrative costs and the methodology for calculating a region's administrative load. Such standards shall be specified in rule adopted by the state commission.

3. The funding provided pursuant to appropriations from the mental health and disability services regional service fund created in [section 225C.7A](#) and from performance-based contracts with the department shall be credited to the account under the control of the governing board.

4. a. If a region is meeting the financial obligations for implementation of its regional service system management plan for a fiscal year and residual funding is anticipated, the regional administrator may reserve an adequate amount of unobligated and unencumbered funds for cash flow of expenditure obligations in the next fiscal year.

b. Each region shall certify to the department on or before December 1, 2021, and each December 1 thereafter, the amount of the region's cash flow amount in the combined account at the conclusion of the most recently completed fiscal year.

c. For fiscal years beginning on or after July 1, 2023, the region's cash flow amount shall not exceed five percent of the actual expenditures from the combined account for the fiscal year preceding the fiscal year in progress.

2012 Acts, ch 1120, §34, 37, 39

C2013, §331.391

2014 Acts, ch 1140, §75; 2017 Acts, ch 109, §4, 20, 21; 2019 Acts, ch 62, §1, 6, 7; 2021 Acts, ch 177, §87, 88, 108; 2022 Acts, ch 1131, §71; 2023 Acts, ch 19, §1089; 2023 Acts, ch 140, §15

C2024, §225C.58

Referred to in §225.24, 225C.7A, 225C.56, 331.432

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from §331.391 in Code 2024 pursuant to directive in 2023 Acts, ch 140, §15

Subsection 4, paragraph b amended

225C.59 Regional governance agreements.

1. a. In addition to compliance with the applicable provisions of [chapter 28E](#), the [chapter 28E](#) agreement entered into by the counties comprising a mental health and disability services region in forming the regional administrator to function on behalf of the counties shall comply with the requirements of [this section](#).

b. Documents submitted by a region exempted from the requirement to enter into a [chapter 28E](#) agreement prior to July 1, 2014, pursuant to [section 225C.57, subsection 1, paragraph "b"](#), shall also demonstrate compliance with the requirements of [this section](#).

2. The organizational provisions of the agreement shall include all of the following:

a. A statement of purpose, goals, and objectives of entering into the agreement.

b. Identification of the governing board membership and the terms, methods of appointment, voting procedures, and other provisions applicable to the operation of the governing board. The voting procedures may provide for a weighted vote on decisions identified by the governing board. A weighted vote may provide for assignment of a number of votes to each of the counties comprising the region equal to its population within the region, may require at least three-fourths of the total votes cast for approval of a decision, or may provide for another weighted vote option determined by the governing board.

c. The identification of the process for selecting the executive staff of the regional administrator serving as the single point of accountability for the region.

d. The counties participating in the agreement.

e. The time period of the agreement and terms for termination or renewal of the agreement.

f. The circumstances under which additional counties may join the region.

g. Methods for dispute resolution and mediation.

h. Methods for termination of a county's participation in the region.

i. Provisions for formation and assigned responsibilities for one or more advisory committees consisting of individuals who utilize services or actively involved relatives of such individuals, service providers, governing board members, and persons representing other interests identified in the agreement.

3. The administrative provisions of the agreement shall include all of the following:

a. Responsibility of the governing board in appointing and evaluating the performance of the chief executive officer of the regional administrator.

b. A general list of the functions and responsibilities of the regional administrator's chief executive officer and other administrative staff.

c. Specification of the functions to be carried out by each party to the agreement and by any subcontractor of a party to the agreement. A contract with a provider network shall be separately addressed.

4. The financial provisions of the agreement shall include all of the following:

a. Methods for pooling, management, and expenditure of the funding under the control of the regional administrator.

b. (1) Methods for allocating administrative funding and resources.

(2) Methods for allocating a region's cash flow amount in the event a county leaves the region. A region's cash flow amount shall be divided by the percentage of each county's population according to the region's population indicated in the region's annual service and

budget plan and shall be allocated to the counties. This subparagraph shall apply to all agreements in existence or entered into on or after July 1, 2020.

c. Contributions and uses of initial funding or related contributions made by the counties participating in the region for purposes of commencing operations by the regional administrator.

d. Methods for acquiring or disposing of real property.

e. A process for determining the use of savings for reinvestment.

f. A process for performance of an annual independent audit of the regional administrator. The annual independent audit prepared by the regional administrator shall be submitted to the department upon completion of the audit.

5. If implementation of a region's regional administrator results in a change in the employer of county employees assigned to the central point of coordination administrator under [section 331.440, Code Supplement 2011](#), to another public employer and the employees were covered under a collective bargaining agreement, such employees shall be retained and the agreement shall be continued by the successor employer as though there had not been a change in employer.

6. All agreements shall be submitted to the department. The department shall approve the agreement if the agreement complies with the requirements of [this section](#).

[2012 Acts, ch 1120, §35, 37, 39](#)

[C2013, §331.392](#)

[2013 Acts, ch 90, §89; 2020 Acts, ch 1121, §51, 52; 2021 Acts, ch 177, §89, 108; 2022 Acts, ch 1131, §72; 2023 Acts, ch 140, §15](#)

[C2024, §225C.59](#)

Referred to in [§97B.1A, 225C.56](#)

Section transferred from [§331.392](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

225C.60 Regional service system management plan.

1. a. The mental health and disability services provided by counties operating as a region shall be delivered in accordance with a regional service system management plan approved by the region's governing board and implemented by the regional administrator in accordance with [this section](#). The requirements for a regional service system management plan and plan format shall be specified in rule adopted by the state commission pursuant to a recommendation made by the department. A regional management plan shall include an annual service and budget plan, a policies and procedures manual, and an annual report.

b. A region, regardless of whether the region is a single county or multicounty region, shall comply with all requirements of [this section](#).

2. Each region shall submit to the department an annual service and budget plan approved by the region's governing board and subject to approval by the director. Provisions for approval by the director of the annual service and budget plan, and any amendments to the plan, and other requirements shall be specified in rule adopted by the state commission. The provisions addressed in the annual plan shall include but are not limited to all of the following:

a. The region's budget and financing provisions for the next fiscal year. The provisions shall address how county, regional, state, and other funding sources will be used to meet the service needs within the region.

b. The scope of services included in addition to the required core services. Each service included shall be described and projection of need and the funding necessary to meet the need shall be included.

c. The location of the local access points for services.

d. The plan for assuring effective crisis prevention, response, and resolution.

e. The provider reimbursement provisions. A region's use of provider reimbursement approaches in addition to fee-for-service reimbursement and for compensating the providers engaged in a systems of care approach and other nontraditional providers shall be encouraged. A region also shall be encouraged to use and the department shall approve funding approaches that identify and incorporate all services and sources of funding used by persons receiving services, including medical assistance program funding.

- f. Financial forecasting measures.
 - g. The targeted case managers designated for the region.
 - h. The financial eligibility requirements for service under the regional service system. A plan that otherwise incorporates the financial eligibility requirements of [section 225C.62](#) but allows eligibility for persons with resources above the minimum resource limitations adopted pursuant to [section 225C.62, subsection 1](#), paragraph “c”, who were eligible under resource limitations in effect prior to July 1, 2014, or are authorized by the region as an exception to policy, shall be deemed by the department to be in compliance with financial eligibility requirements of [section 225C.62](#).
 - i. The scope of children’s behavioral health core services. Each service included shall be described and a projection of need shall be included.
 - j. The eligibility requirements for children’s behavioral health core services under the children’s behavioral health system.
3. Each region shall submit an annual report to the department on or before December 1. The annual report shall provide information on the actual numbers of persons served, moneys expended, and outcomes achieved.
4. The region shall have in effect a policies and procedures manual for the regional service system. The manual shall be approved by the region’s governing board and is subject to approval by the director. An approved manual shall remain in effect subject to amendment. An amendment to the manual shall be submitted to the department at least forty-five days prior to the date of implementation of the amendment. Prior to implementation of an amendment to the manual, the amendment must be approved by the director in consultation with the state commission. The manual shall include but is not limited to all of the following:
- a. A description of the region’s policies and procedures for financing and delivering the services included in the annual service and budget plan.
 - b. The enrollment and eligibility process.
 - c. The method of annual service and budget plan administration.
 - d. The process for managing utilization and access to services and other assistance. The process shall also describe how coordination between the services included in the annual service and budget plan and the disability services administered by the state and others will be managed.
 - e. The quality management and improvement processes.
 - f. The risk management provisions and fiscal viability of the annual service and budget plan, if the region contracts with a private entity.
 - g. The requirements for designation of targeted case management providers and for implementation of evidence-based models of case management. The requirements shall be designed to provide the person receiving the case management with a choice of providers, allow a service provider to be the case manager but prohibit the provider from referring a person receiving the case management only to services administered by the provider, and include other provisions to ensure compliance with but not exceed federal requirements for conflict-free case management. The qualifications of targeted case managers and other persons providing service coordination under the management plan shall be specified in the rules. The rules shall also include but are not limited to all of the following relating to targeted case management and service coordination services:
 - (1) Performance and outcome measures relating to the health, safety, education, work performance, and community residency of the persons receiving the services.
 - (2) Standards for delivery of the services, including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for persons receiving the services.
 - (3) Methodologies for complying with the requirements of this paragraph “g” which may include the use of electronic recordkeeping and remote or internet-based training.
 - h. A plan for a systems of care approach in which multiple public and private agencies partner with families and communities to address the multiple needs of the persons and their families involved with the regional service system.
 - i. Measures to provide services in a decentralized manner that utilize the strengths and assets of the administrators and service providers within and available to the region.

- j. A plan for provider network formation and management.
- k. Service provider payment provisions.
- l. A process for resolving grievances.
- m. Measures for implementing interagency and multisystem collaboration and care coordination.

5. The provisions of a regional service system management plan shall include measures to address the needs of persons who have two or more co-occurring mental health, intellectual or other developmental disability, brain injury, or substance use disorders and individuals with specialized needs. Implementation of measures to meet the needs of persons with a developmental disability other than intellectual disability, brain injury, or a substance use disorder is contingent upon identification of a funding source to meet those needs and implementation of provisions to engage the entity under contract with the state to provide services to address substance use disorders within the regional service system.

6. The region may either directly implement a system of service management and contract with service providers, or contract with a private entity to manage the regional service system, provided all requirements of [this section](#) are met by the private entity. The regional service system shall incorporate service management and functional assessment processes developed in accordance with applicable requirements.

7. A region may provide assistance to service populations with disabilities to which the counties comprising the region have historically provided assistance but who are not included in the core services required under [section 225C.65](#), subject to the availability of funding.

8. If a region determines that the region cannot provide services for the fiscal year in accordance with the regional plan and remain in compliance with applicable budgeting requirements, the region may implement a waiting list for the services. The procedures for establishing and applying a waiting list shall be specified in the regional plan. If a region implements a waiting list for services, the region shall notify the department. The department shall maintain on the department's internet site an up-to-date listing of the regions that have implemented a waiting list and the services affected by each waiting list.

9. The director's approval of a regional plan shall not be construed to constitute certification of the region's budget.

[2012 Acts, ch 1120, §12, 18, 19](#)

[C2013, §331.393](#)

[2014 Acts, ch 1140, §76, 85; 2019 Acts, ch 61, §13, 14; 2021 Acts, ch 177, §90, 108; 2022 Acts, ch 1131, §73, 74; 2023 Acts, ch 19, §1090 – 1092; 2023 Acts, ch 140, §15](#)

[C2024, §225C.60](#)

Referred to in [§222.60, 225C.7A, 225C.56, 235A.15, 235B.6, 426B.5](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.393](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 2, unnumbered paragraph 1 amended

Subsection 4, unnumbered paragraph 1 amended

Subsections 5 and 8 amended

225C.61 County of residence — services to residents — service authorization appeals — disputes between counties or regions.

1. For the purposes of [this section](#), unless the context otherwise requires:

a. “*County of residence*” means the county in this state in which, at the time a person applies for or receives services, the person is living and has established an ongoing presence with the declared, good faith intention of living in the county for a permanent or indefinite period of time. The county of residence of a person who is a homeless person is the county where the homeless person usually sleeps. A person maintains residency in the county or state in which the person last resided while the person is present in another county or this state receiving services in a hospital, a correctional facility, a halfway house for community-based corrections or substance use disorder treatment, a nursing facility, an intermediate care facility for persons with an intellectual disability, or a residential care facility, or for the purpose of attending a college or university.

b. “*Homeless person*” means the same as defined in [section 48A.2](#).

c. “*Mental health professional*” means the same as defined in [section 228.1](#).

d. “Person” means a person who is a United States citizen or a qualified alien as defined in 8 U.S.C. §1641.

2. If a person appeals a decision regarding a service authorization or other services-related decision made by a regional administrator that cannot be resolved informally, the appeal shall be heard in a contested case proceeding by a state administrative law judge. The administrative law judge’s decision shall be considered final agency action under [chapter 17A](#).

3. If a service authorization or other services-related decision made by a regional administrator concerning a person varies from the type and amount of service identified to be necessary for the person in a clinical determination made by a mental health professional and the mental health professional believes that failure to provide the type and amount of service identified could cause an immediate danger to the person’s health or safety, the person may request an expedited review of the regional administrator’s decision to be made by the department. An expedited review held in accordance with [this subsection](#) is subject to the following procedures:

a. The request for the expedited review shall be filed within five business days of receiving the notice of decision by the regional administrator. The request must be in writing, plainly state the request for an expedited review in the caption and body of the request, and be supported by written documentation from the mental health professional who made the clinical determination stating how the notice of decision on services could cause an immediate danger to the person’s health or safety.

b. The expedited review shall be performed by a designee of the director who is a mental health professional and is free of any conflict of interest to perform the expedited review. The expedited review shall be performed within two business days of the time the request is filed. If the reviewer determines the information submitted in connection with the request is inadequate to perform the review, the reviewer shall request the submission of additional information and the review shall be performed within two business days of the time that adequate information is submitted. The regional administrator and the person, with the assistance of the mental health professional who made the clinical determination, shall each provide a brief statement of facts, conclusions, and reasons for the decision made. Supporting clinical information shall also be attached. All information related to the proceedings and any related filings shall be considered to be mental health information subject to [chapter 228](#).

c. The director’s designee shall issue an order, including a brief statement of findings of fact, conclusions of law, and policy reasons for the order, to justify the decision made concerning the expedited review. If the decision concurs with the contention that there is an immediate danger to the person’s health or safety, the order shall identify the type and amount of service which shall be provided for the person. The director’s designee shall give such notice as is practicable to persons who are required to comply with the order. The order is effective when issued.

d. The decision of the director’s designee shall be considered a final agency action and is subject to judicial review in accordance with [section 17A.19](#). The record for judicial review consists of any documents regarding the matter that were considered or prepared by the director’s designee. The director’s designee shall maintain these documents as the official record of the decision. If the matter is appealed to the district court, the record shall be filed as confidential.

4. The responsibilities of the county under law regarding mental health and disability services shall be performed on behalf of the county by the regional administrator. The mental health and disability services region is responsible for paying the public costs of the mental health and disability services that are not covered by the medical assistance program under [chapter 249A](#) and are provided in accordance with the region’s approved service management plan to persons who are residents of the region.

5. a. The dispute resolution process implemented in accordance with [this subsection](#) applies to residency disputes. The dispute resolution process is not applicable to disputes involving persons committed to a state facility pursuant to [chapter 812](#) or [rule of criminal](#)

procedure 2.22, Iowa court rules, or to disputes involving service authorization decisions made by a region.

b. If a county or region, as applicable, receives a billing for services provided to a resident in another county or region, or objects to a residency determination certified by another county's or region's regional administrator and asserts either that the person has residency in another county or region or the person is not a resident of this state, the person's residency status shall be determined as provided in **this subsection**. If the county or region asserts that the person has residency in another county or region, the county or region shall notify the other county or region within one hundred twenty days of receiving the billing for services.

c. The county or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the person's residency status within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections, appeals, and licensing for a contested case hearing under **chapter 17A** before an administrative law judge assigned in accordance with **section 10A.801** to determine the person's residency status.

d. (1) The administrative law judge's determination of the person's residency status shall be considered final agency action, notwithstanding contrary provisions of **section 17A.15**. The party that does not prevail in the determination or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections, appeals, and licensing's actual costs associated with the administrative proceeding. Judicial review of the determination may be sought in accordance with **section 17A.19**.

(2) If following the determination of a person's residency status in accordance with **this subsection**, additional evidence becomes available that merits a change in that determination, the parties affected may change the determination by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the county or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's determination of the person's residency status shall result in one of the following:

(a) If a county or region is determined to be the person's residence, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region on the person's behalf prior to the determination.

(b) If it is determined that the person is not a resident of this state neither the region in which the services were provided nor the state shall be liable for payment of amounts due for services provided to the person prior to the determination.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the determination was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

6. a. The dispute resolution process implemented in accordance with **this subsection** applies beginning July 1, 2012, to billing disputes between the state and a county or region, other than residency disputes or other dispute processes under **this section**, involving the responsibility for service costs for services provided on or after July 1, 2011, under any of the following:

- (1) **Chapter 221**.
- (2) **Chapter 222**.
- (3) **Chapter 229**.
- (4) **Chapter 230**.
- (5) **Chapter 249A**.
- (6) **Chapter 812**.

b. If a county, region, or the department, as applicable, disputes a billing for service costs listed in paragraph "a", the dispute shall be resolved as provided in **this subsection**. The county or region shall notify the department of the county's or region's assertion within ninety days of receiving the billing. However, for services provided on or after July 1, 2011, for which a county has received the billing as of July 1, 2012, the county shall notify the department of the county's assertion on or before October 1, 2012. If the department disputes such a billing

of a regional administrator, the department shall notify the affected counties or regions of the department's assertion.

c. The department, county, or region that received the notification, as applicable, shall respond to the party that provided the notification within forty-five days of receiving the notification. If the parties cannot agree to a settlement as to the dispute within ninety days of the date of notification, on motion of any of the parties, the matter shall be referred to the department of inspections, appeals, and licensing for a contested case hearing under [chapter 17A](#) before an administrative law judge assigned in accordance with [section 10A.801](#) to determine facts and issue a decision to resolve the dispute.

d. (1) The administrative law judge's decision is a final agency action, notwithstanding contrary provisions of [section 17A.15](#). The party that does not prevail in the decision or subsequent judicial review is liable for costs associated with the proceeding, including reimbursement of the department of inspections, appeals, and licensing's actual costs associated with the administrative proceeding. Judicial review of the decision may be sought in accordance with [section 17A.19](#).

(2) If following the decision regarding a dispute in accordance with [this subsection](#), additional evidence becomes available that merits a change in that decision, the parties affected may change the decision by mutual agreement. Otherwise, a party may move that the matter be reconsidered by the department, county, or region, or by the administrative law judge.

e. (1) Unless a petition is filed for judicial review, the administrative law judge's decision regarding a disputed billing shall result in one of the following:

(a) If a county or region is determined to be responsible for the disputed amounts, the county or region shall pay the amounts due and shall reimburse any other amounts paid for services provided by the other county or region or the department on the person's behalf prior to the decision.

(b) If it is determined that the state is responsible for the disputed amounts, the state shall pay the amounts due and shall reimburse the county or region, as applicable, for any payment made on behalf of the person prior to the decision.

(2) The payment or reimbursement shall be remitted within forty-five days of the date the decision was issued. After the forty-five-day period, a penalty of not greater than one percent per month may be added to the amount due.

[2012 Acts, ch 1120, §36, 37, 39](#)

[C2013, §331.394](#)

[2018 Acts, ch 1165, §76; 2021 Acts, ch 177, §91, 108; 2023 Acts, ch 19, §1093, 1094, 2011 – 2014; 2023 Acts, ch 140, §15](#)

[C2024, §225C.61](#)

Referred to in [§35D.9, 125.2, 222.63, 222.65, 222.67, 222.70, 230.2, 230.4, 230.6, 230.9, 230.12, 232.141, 252.24, 347.16](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.394](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 1, paragraph a amended

Subsection 3 amended

Subsection 5, paragraph c amended

Subsection 5, paragraph d, subparagraph (1) amended

Subsection 6, paragraph c amended

Subsection 6, paragraph d, subparagraph (1) amended

225C.62 Financial eligibility requirements.

1. A person must comply with all of the following financial eligibility requirements to be eligible for services under the regional service system:

a. The person must have an income equal to or less than one hundred fifty percent of the federal poverty level, as defined by the most recently revised poverty income guidelines published by the United States department of health and human services, to be eligible for regional service system public funding. It is the intent of the general assembly to consider increasing this income eligibility provision to two hundred percent of the federal poverty level.

b. A person who is eligible for federally funded services and other support must apply for such services and support.

c. The person must be in compliance with resource limitations identified in rule adopted by the state commission. The limitation shall be derived from the federal supplemental

security income program resource limitations. A person with resources above the federal supplemental security income program resource limitations may be eligible subject to limitations adopted in rule by the state commission pursuant to a recommendation made by the department. If a person does not qualify for federally funded services and other support but meets income, resource, and functional eligibility requirements for regional services, the following types of resources shall be disregarded:

- (1) A retirement account that is in the accumulation stage.
- (2) A burial, medical savings, or assistive technology account.

2. a. A region or a service provider contracting with the region shall not apply a copayment, sliding fee scale, or other cost-sharing requirement for a particular service to a person with an income equal to or less than one hundred fifty percent of the federal poverty level.

b. Notwithstanding [subsection 1](#), paragraph “a”, a person with an income above one hundred fifty percent of the federal poverty level may be eligible for services subject to a copayment, sliding fee scale, or other cost-sharing requirement approved by the department.

c. A provider under the regional service system of a service that is not funded by the medical assistance program under [chapter 249A](#) may waive the copayment or other cost-sharing arrangement if the provider is not reimbursed for the cost with public funds.

[2012 Acts, ch 1120, §13, 18, 19](#)

[C2013, §331.395](#)

[2013 Acts, ch 90, §90; 2023 Acts, ch 140, §15](#)

[C2024, §225C.62](#)

Referred to in [§225C.60, 225C.63, 812.6](#)

Section transferred from [§331.395](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

225C.63 Diagnosis — functional assessment.

1. A person must comply with all of the following requirements to be eligible for mental health services under the regional service system:

- a. The person complies with financial eligibility requirements under [section 225C.62](#).
- b. The person is at least eighteen years of age and is a resident of this state.

c. The person has had at any time during the preceding twelve-month period a mental health, behavioral, or emotional disorder or, in the opinion of a mental health professional, may now have such a diagnosable disorder. The diagnosis shall be made in accordance with the criteria provided in the diagnostic and statistical manual of mental disorders, fourth edition, text revision, published by the American psychiatric association, and shall not include the manual’s “V” codes identifying conditions other than a disease or injury. The diagnosis shall also not include substance use disorders, dementia, antisocial personality, or developmental disabilities, unless co-occurring with another diagnosable mental illness.

d. The person’s eligibility for individualized services shall be determined in accordance with the standardized functional assessment methodology approved for mental health services by the director in consultation with the state commission.

2. A person must comply with all of the following requirements to be eligible for intellectual disability services under the regional service system:

- a. The person complies with financial eligibility requirements under [section 225C.62](#).

b. The person is at least eighteen years of age and is a resident of this state. However, a person who is seventeen years of age, is a resident of this state, and is receiving publicly funded children’s services may be considered eligible for services through the regional service system during the three-month period preceding the person’s eighteenth birthday in order to provide a smooth transition from children’s to adult services.

- c. The person has a diagnosis of intellectual disability.

d. Notwithstanding paragraphs “a” through “c”, if funds are available without limiting or reducing core services and it is approved as part of the regional service system management plan, eligibility may be provided for a person who is less than eighteen years of age and a resident of this state for those intellectual disability services made available to all or a portion of the residents of the region of the same age and eligibility class under the county

management plan of one or more counties of the region applicable prior to formation of the region.

e. The person's eligibility for individualized services shall be determined in accordance with the standardized functional assessment methodology approved for intellectual disability and developmental disability services by the director.

3. A person must comply with all of the following requirements to be eligible for brain injury services under the regional service system:

a. The person complies with financial eligibility requirements under [section 225C.62](#).

b. The person is at least eighteen years of age and is a resident of this state. However, a person who is seventeen years of age, is a resident of this state, and is receiving publicly funded children's services may be considered eligible for services through the regional service system during the three-month period preceding the person's eighteenth birthday in order to provide a smooth transition from children's to adult services.

c. The person has a diagnosis of brain injury.

d. The person's eligibility for individualized services shall be determined in accordance with a standardized functional assessment methodology approved for this purpose by the director.

[2012 Acts, ch 1120, §14, 18, 19](#)

[C2013, §331.396](#)

[2013 Acts, ch 140, §171, 172, 186; 2019 Acts, ch 61, §15, 16; 2023 Acts, ch 19, §1095 – 1097; 2023 Acts, ch 140, §15](#)

[C2024, §225C.63](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.396](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 1, paragraphs c and d amended

Subsection 2, paragraph e amended

Subsection 3, paragraph d amended

225C.64 Eligibility requirements — children's behavioral health services.

A child shall be eligible for behavioral health services under the regional service system if all of the following conditions are met:

1. The child is under eighteen years of age and is a resident of this state.

2. The child has been diagnosed with a serious emotional disturbance.

3. a. The child's family has a family income equal to or less than five hundred percent of the federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services.

b. Notwithstanding paragraph "a", a child's family whose household income is between one hundred fifty percent but not more than five hundred percent of the federal poverty level shall be eligible for behavioral health services subject to a copayment, a single statewide sliding fee scale, or other cost-sharing requirements approved by the department.

[2019 Acts, ch 61, §17](#)

[C2020, §331.396A](#)

[2023 Acts, ch 140, §15](#)

[C2024, §225C.64](#)

Section transferred from [§331.396A](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

225C.65 Regional core services.

1. For the purposes of [this section](#), unless the context otherwise requires, "domain" means a set of similar services that can be provided depending upon a person's service needs.

2. a. (1) A region shall work with service providers to ensure that services in the required core service domains in [subsections 4 and 5](#) are available to residents of the region, regardless of potential payment source for the services.

(2) Subject to the available appropriations, the director shall ensure the core service domains listed in [subsections 4 and 5](#) are covered services for the medical assistance program under [chapter 249A](#) to the greatest extent allowable under federal regulations. The medical assistance program shall reimburse Medicaid enrolled providers for Medicaid covered services under [subsections 4 and 5](#) when the services are medically necessary, the Medicaid enrolled provider submits an appropriate claim for such services, and no other

third-party payer is responsible for reimbursement of such services. Within funds available, the region shall pay for such services for eligible persons when payment through the medical assistance program or another third-party payment is not available, unless the person is on a waiting list for such payment or it has been determined that the person does not meet the eligibility criteria for any such service.

b. Until funding is designated for other service populations, eligibility for the service domains listed in [this section](#) shall be limited to such persons who are in need of mental health or intellectual disability services. However, if a county in a region was providing services to an eligibility class of persons with a developmental disability other than intellectual disability or a brain injury prior to formation of the region, the class of persons shall remain eligible for the services provided when the region was formed.

c. It is the intent of the general assembly to address the need for funding so that the availability of the service domains listed in [this section](#) may be expanded to include such persons who are in need of developmental disability or brain injury services.

3. Pursuant to recommendations made by the director, the state commission shall adopt rules as required by [section 225C.6](#) to define the services included in the core service domains listed in [this section](#). The rules shall provide service definitions, service provider standards, service access standards, and service implementation dates, and shall provide consistency, to the extent possible, with similar service definitions under the medical assistance program.

a. The rules relating to the credentialing of a person directly providing services shall require all of the following:

(1) The person shall provide services and represent the person as competent only within the boundaries of the person's education, training, license, certification, consultation received, supervised experience, or other relevant professional experience.

(2) The person shall provide services in substantive areas or use intervention techniques or approaches that are new only after engaging in appropriate study, training, consultation, and supervision from a person who is competent in those areas, techniques, or approaches.

(3) If generally recognized standards do not exist with respect to an emerging area of practice, the person shall exercise careful judgment and take responsible steps, including obtaining appropriate education, research, training, consultation, and supervision, in order to ensure competence and to protect from harm the persons receiving the services in the emerging area of practice.

b. The rules relating to the availability of intensive mental health services specified in [subsection 5](#) shall specify that the minimum amount of services provided statewide shall be as follows:

(1) Twenty-two assertive community treatment teams.

(2) Six access centers.

(3) Intensive residential service homes that provide services to up to one hundred twenty persons.

4. The core service domains shall include the following:

a. Treatment designed to ameliorate a person's condition, including but not limited to all of the following:

(1) Assessment and evaluation.

(2) Mental health outpatient therapy.

(3) Medication prescribing and management.

(4) Mental health inpatient treatment.

b. Basic crisis response provisions, including but not limited to all of the following:

(1) Twenty-four-hour access to crisis response.

(2) Evaluation.

(3) Personal emergency response system.

c. Support for community living, including but not limited to all of the following:

(1) Home health aide.

(2) Home and vehicle modifications.

(3) Respite.

(4) Supportive community living.

d. Support for employment or for activities leading to employment providing an

appropriate match with an individual's abilities based upon informed, person-centered choices made from an array of options, including but not limited to all of the following:

- (1) Day habilitation.
- (2) Job development.
- (3) Supported employment.
- (4) Prevocational services.
- e. Recovery services, including but not limited to all of the following:
 - (1) Family support.
 - (2) Peer support.

f. Service coordination including coordinating physical health and primary care, including but not limited to all of the following:

- (1) Case management.
- (2) Health homes.
- g. Outpatient competency restoration.

5. a. Provided that federal matching funds are available under the Iowa health and wellness plan pursuant to [chapter 249N](#), the following intensive mental health services in strategic locations throughout the state shall be provided within the following core service domains:

(1) Access centers that are located in crisis residential and subacute residential settings with sixteen beds or fewer that provide immediate, short-term assessments for persons with serious mental illness or substance use disorders who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in the persons' homes or communities.

(2) Assertive community treatment services.

(3) Comprehensive facility and community-based crisis services, including all of the following:

- (a) Mobile response.
- (b) Twenty-three-hour crisis observation and holding.
- (c) Crisis stabilization community-based services.
- (d) Crisis stabilization residential services.
- (4) Subacute services provided in facility and community-based settings.

(5) Intensive residential service homes for persons with severe and persistent mental illness in scattered site community-based residential settings that provide intensive services and that operate twenty-four hours a day.

b. The department shall accept arrangements between multiple regions sharing intensive mental health services under [this subsection](#).

6. A region shall ensure that access is available to providers of core services that demonstrate competencies necessary for all of the following:

- a. Serving persons with co-occurring conditions.
- b. Providing evidence-based services.

c. Providing trauma-informed care that recognizes the presence of trauma symptoms in persons receiving services.

7. A region shall ensure that services within the following additional core service domains are available to persons not eligible for the medical assistance program under [chapter 249A](#) or receiving other third-party payment for the services, when public funds are made available for such services:

- a. Justice system-involved services, including but not limited to all of the following:
 - (1) Jail diversion.
 - (2) Crisis intervention training.
 - (3) Civil commitment prescreening.

b. Advances in the use of evidence-based treatment, including but not limited to all of the following:

- (1) Positive behavior support.
- (2) Peer self-help drop-in centers.

8. A regional service system may provide funding for other appropriate services or other support and may implement demonstration projects for an initial period of up to three years to

model the use of research-based practices. In considering whether to provide such funding, a region may consider the following criteria for research-based practices:

- a. Applying a person-centered planning process to identify the need for the services or other support.
- b. The efficacy of the services or other support is recognized as an evidence-based practice, is deemed to be an emerging and promising practice, or providing the services is part of a demonstration and will supply evidence as to the services' effectiveness.
- c. A determination that the services or other support provides an effective alternative to existing services that have been shown by the evidence base to be ineffective, to not yield the desired outcome, or to not support the principles outlined in *Olmstead v. L.C.*, 527 U.S. 581 (1999).

2012 Acts, ch 1120, §15, 18, 19

C2013, §331.397

2013 Acts, ch 140, §173, 174, 186; 2014 Acts, ch 1140, §77; 2018 Acts, ch 1056, §13; 2023 Acts, ch 19, §1098, 1099; 2023 Acts, ch 140, §6, 15

C2024, §225C.65

Referred to in §225C.7A, 225C.60

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from §331.397 in Code 2024 pursuant to directive in 2023 Acts, ch 140, §15

Subsection 2, paragraph a, subparagraph (2) amended

Subsection 3, unnumbered paragraph 1 amended

Subsection 4, NEW paragraph g

225C.66 Children's behavioral health core services.

1. For the purposes of [this section](#), unless the context otherwise requires, “*domain*” means a set of similar behavioral health services that can be provided depending on a child's service needs.

2. a. (1) A region shall work with children's behavioral health service providers to ensure that services in the required behavioral health core service domains in [subsection 4](#) are available to children who are residents of the region, regardless of any potential payment source for the services.

(2) Subject to the available appropriations, the director shall ensure the behavioral health core service domains listed in [subsection 4](#) are covered services for the medical assistance program under [chapter 249A](#) to the greatest extent allowable under federal regulations. The medical assistance program shall reimburse Medicaid enrolled providers for Medicaid covered services under [subsection 4](#) when the services are medically necessary, the Medicaid enrolled provider submits an appropriate claim for such services, and no other third-party payor is responsible for reimbursement of such services. Within the funds available, the region shall pay for such services for eligible children when payment through the medical assistance program or another third-party payment is not available, unless the child is on a waiting list for such payment or it has been determined that the child does not meet the eligibility criteria for any such service.

b. Until funding is designed for other service populations, eligibility for the service domains listed in [this section](#) shall be limited to such children who are in need of behavioral health services.

3. Pursuant to recommendations made by the state board, the department shall adopt rules to define the services included in the core domains listed in [this section](#). The rules shall provide service definitions, service provider standards, service access standards, and service implementation dates, and shall provide consistency, to the extent possible, with similar service definitions under the medical assistance program.

4. The children's behavioral health core service domains shall include all of the following:

a. Treatment designed to ameliorate a child's serious emotional disturbance, including but not limited to all of the following:

- (1) Prevention, early identification, early intervention, and education.
- (2) Assessment and evaluation relating to eligibility for services.
- (3) Medication prescribing and management.
- (4) Behavioral health outpatient therapy.

b. Comprehensive facility and community-based crisis services regardless of a diagnosis of a serious emotional disturbance, including all of the following:

- (1) Mobile response.
- (2) Crisis stabilization community-based services.
- (3) Crisis stabilization residential services.
- (4) Behavioral health inpatient treatment.

c. Outpatient competency restoration.

5. A region shall ensure that services within the following additional core service domains are available to children not eligible for the medical assistance program under [chapter 249A](#) or not receiving other third-party payment for the services, when public funds are made available for such services:

a. Treatment designed to ameliorate a child's serious emotional disturbance including but not limited to behavioral health school-based therapy.

b. Support for community living including but not limited to all of the following:

- (1) Family support.
- (2) Peer support.
- (3) Therapeutic foster care.
- (4) Respite care.

c. Transition services for children to the adult mental health system providing an appropriate match with a child's abilities based upon informed, person-centered choices made from an array of options including but not limited to all of the following:

- (1) Day habilitation.
- (2) Job development.
- (3) Supported employment.
- (4) Prevocational services.
- (5) Educational services.

d. Service coordination including physical health and primary care that follow the principles of the system of care including but not limited to all of the following:

- (1) Care coordination.
- (2) Health homes.

[2019 Acts, ch 61, §18](#)

C2020, §331.397A

[2020 Acts, ch 1063, §178; 2023 Acts, ch 19, §1100, 1101; 2023 Acts, ch 140, §7, 15](#)

C2024, §225C.66

Referred to in [§812.6](#)

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.397A](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 2, paragraph a, subparagraph (2) amended

Subsection 3 amended

Subsection 4, NEW paragraph c

225C.67 Regional service system financing.

1. The financing of a mental health and disability services regional service system is limited to a fixed budget amount. The fixed budget amount shall be the amount identified in a regional service system management plan and budget for the fiscal year.

2. A region shall implement its regional service system management plan in a manner so as to provide adequate funding of services for the entire fiscal year by budgeting for ninety-nine percent of the funding anticipated to be available for the regional plan for the fiscal year. A region may expend all of the funding anticipated to be available for the regional plan.

[2012 Acts, ch 1120, §16, 18, 19](#)

C2013, §331.398

[2021 Acts, ch 177, §92, 108; 2023 Acts, ch 19, §1102; 2023 Acts, ch 140, §15](#)

C2024, §225C.67

See Code editor's note on simple harmonization at the beginning of this Code volume

Section transferred from [§331.398](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Subsection 1 amended

225C.68 Governmental body.

Mental health and disability services regions formed pursuant to this subchapter shall be a governmental body for purposes of [chapter 21](#) and shall be a government body for purposes of [chapter 22](#).

[2013 Acts, ch 143, §14, 18](#)

C2014, §331.399

[2023 Acts, ch 140, §15](#)

C2024, §225C.68

Section transferred from [§331.399](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

225C.69 Annual reports.

Beginning with the fiscal year beginning July 1, 2023, the department shall deliver on an annual basis a report to the general assembly that provides a summary of the status of implementing core services in each region, the accessibility of core services in each region, how each region is using the funding provided under [section 225C.7A](#), and recommendations for improvements to the mental health and disability services system in order to attain the outcome improvement goals set by the department consistent with the goals specified in the performance-based contracts under [section 225C.7A, subsection 2](#), paragraph “c”, subparagraph (5).

[2021 Acts, ch 177, §93, 108](#)

C2022, §331.400

[2023 Acts, ch 140, §8, 15](#)

C2024, §225C.69

Section transferred from [§331.400](#) in Code 2024 pursuant to directive in [2023 Acts, ch 140, §15](#)

Section amended